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The foundation stones of the whole modern structure of human wisdom have all been laid by the architects of yesterday. Thrice wise is he who knows the quarries and builders of bygone ages and is able to differentiate the stones which have been rejected from those which have been utilized

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MEDICAL LIBRARY AND HISTORICAL JOURNAL

CONTENTS FOR DECEMBER, 1907

ORIGINAL ARTICLES.

PAGE

Tuberculosis and the Creative Mind. By Arthur C. Jacobson, M.D. 225

The History of Mole Pregnancy. (*Illustrated.*) By Fred J. Taussig, M.D. .. 250

Doctors of Samuel Johnson and His Court. (*Illustrated.*) By James P. Warbasse, M.D. 260

Diseases of Great Physicians of the Past. By William Pepper, M.D. 273

Medical History Repositories: A Suggestion. By William Browning, Ph.B., M.D. 287

SOCIETY TRANSACTIONS.

St. Louis Medical History Club—

Stated Meeting, October 24, 1907 291

Stated Meeting, November 27, 1907 292

EDITORIAL.

Concerning the JOURNAL 294

NOTES AND NEWS.

New Library Building of the Medical and Chirurgical Faculty of Maryland 295

Jefferson County Medical Library 295

Frick Library of the Medical and Chirurgical Faculty of Maryland 295

American Journal of Urology 296

Fort Wayne Medical Journal-Magazine 296

NEW JOURNALS 296

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MEDICAL LIBRARY AND HISTORICAL JOURNAL

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TUBERCULOSIS AND THE CREATIVE MIND.

By Arthur C. Jacobson, M.D.,

Brooklyn-New York.

"Kings it makes gods, and meaner creatures kings."—Shakespeare.

"The sure years reveal the deep remedial force that underlies all facts."—Emerson.

I.

IF every evil has its good, what good has that devastating scourge, the great white plague, left in its wake?

For one thing, it has left a fearful lesson upon insanitary living and its inevitable penalties.[1] It has been a harsh pedagogue and has played no favorites. All mankind must conform to its prescribed curriculum, else prince and pauper alike receive the tragic demerit of tuberculous infection.

For another thing, its just vengeance, though terrible enough, is tempered with mercy, a mercy which, by way of compensation for the physical ravages with which we are all so grewsomely familiar, reveals itself in that saving grace, the *spes phthisica,* a trait which, with its associated general psychic excitation, has not only enabled the individual victims of tuberculosis to bear their burdens of disease most cheerfully, but has been a means of quickening genius, a fact wherefrom have flowed benefits that concern the whole world of intellect.

Someone has said that, next to the Newgate Calendar, the biography of authors is the most sickening chapter in the history of man. Heaven knows that Nordau has illumined the subject from his peculiar point of view. Some phases of the chapter are especially sickening to medical men, as for example De Quincey's

[1] Tuberculosis imposes upon the United States alone an annual loss of about $200,000,000. (Osler's "Modern Medicine.")

expressed admiration of the hydrocephalic head of his sister: "—thou whose head, for its superb intellectual developments, was the astonishment of science,— * * *. For thou, dear noble Elizabeth, around whose ample brow, as often as thy sweet countenance rises upon the darkness, I fancy a *tiara* of light, or a gleaming *aureola,* in token of thy premature intellectual grandeur —thou * * * pillar of fire," etc. Again, the face of Christina Rossetti became the type of a certain anemic ideal of pre-Raphaelite female beauty. She was a model for Dante Gabriel Rossetti, Ford Madox Brown and Holman Hunt. Now the chief feature of her face, worshipped by the pre-Raphaelites because of a certain pensive, wistful, melancholy expression, was her eyes. To these hysterical esthetes this spelled transcendent beauty, yet the horridly matter-of-fact explanation of it all was exophthalmic bronchocele, which afflicted her in April, 1871, lasted two years, and from the distressing effects of which she never recovered. The condition is especially manifest in D. G. Rossetti's drawing of Christina and her mother.

As the *littérateur* or artist may, occasionally, be inspired in the above manner by pathologic objects outside of himself, so, too, his own psychopathology may inspire him to creative labors, or at least color his productions; thus it is easy to discern the influence of psychopathologic states upon the works of such writers as Poe, Guy deMaupassant, Tasso, Cowper, Swift, Byron and St. John the Evangelist. The morbid imaginings of the first and second, the coprolalia of Swift, the illusions and hallucinations of St. John, the melancholia of Cowper, as reflected by their writings, are symptomatic of unhealthy mental states. Even the pure mind of Tennyson had its moments of regrettable aberration, for to what else can we ascribe his characterization of Lord Lytton, than which it would be hard to find anything nastier:

"What profits now to understand
The merits of a spotless shirt—
A dapper boot—a little hand—
If half the little soul is dirt? . . ."

Who is there familiar with only the beauties of Tennyson's mind and verse that would suspect him of having been possessed of such a talent for vileness? There was more need at such a moment for a few grains of calomel than for a poem.

Now it is entirely conceivable that the tuberculous by-products are capable of profoundly affecting the mechanism

of creative minds in such a way as to influence markedly the creations. Indeed, they are bound to do so, for the *spes phthisica,* admittedly a result of such by-products, must necessarily affect the whole psychological switchboard. This is all that the present writer seeks to establish. Yet he does not maintain that it is possible to reason backward and to say, of given passages, "these were written by one afflicted with tuberculosis." The pathologist likes to know the clinical history of the cancer suspect from whose growth scrapings have been taken before he pronounces his judgment. No neurologist could name Cowper's malady, however much he might suspect a mental twist, even after the most careful study of his poems, but, knowing the man's pathetic life struggle with the depression which finally overwhelmed him, its influence upon his writings becomes a self-evident proposition.

Dana, in his "Nervous Diseases," gives "an almost sure recipe for producing a case of paresis." A man of nervous constitution and dissipated habits acquires syphilis between the ages of twenty and thirty. He continues to drink alcohol to excess and to play the game of life hard. In ten or fifteen years he will be pretty sure to have paresis. Similarly, were the present writer to give an almost sure recipe for producing the highest type of the creative mind, he would postulate an initial spark of genius plus tuberculosis.

It is natural to think, *a priori,* that the pathological can account for little in literature or in art except the morbid, the abnormal, the depressed. This is doubtless true in the main, but, *a posteriori,* we must except tuberculosis. Certain celebrated victims have been, *par excellence,* the creators of the highest and best. The layman, unfamiliar with the curious mental trait of consumptives already alluded to, will be apt to reason that such men accomplished great things despite their infirmity, and that had they not been hampered by it, they would have accomplished still greater ones. On the other hand, the physician will find the explanation to lie most readily in that characteristic clinical trait of the tuberculous, the *spes phthisica.*[2] Their lives are shortened, physically, but quickened

[2] "Death catches him like an open pitfall, and in mid-career, laying out vast projects, and planning monstrous foundations, flushed with hope, and his mouth full of boastful language."

"Some dispositions seem as the disease advances to become so ethereal that they suggest another sphere."

psychically in a ratio inversely as the shortening. The layman's reasoning is sound in a general sense, fallacious in a particular sense. Relatively abnormal hopefulness, optimism, buoyancy, represent the *prevailing*[3] psychologic phase of tuberculosis. Out of this closely related trinity, too, grows the factitious physical energy of the victims. Upon his death-bed the consumptive makes plans for twenty years ahead. Far advanced in disease, he crosses an ocean in the steerage and a continent in an emigrant train in quest of a sick friend (Robert Louis Stevenson), or acts superbly in the theater on the day of his death (Molière). Every practitioner is familiar with the extraordinary trait which enables the advanced consumptive to declare that he feels "bully" when his temperature is 104,° which enables him to walk about, to work, and fully to exercise the sexual function.[4] In no other disease *with equally extensive lesions* is the psychical and consequently the physical status equally exalted, or, we might truly say, exalted at all. Potential indeed must be the mental driving force which gets power out of a pitiable wreck.

The writer has chosen all his concrete examples from among the *littérateurs,* for the reason that it was necessary to limit the study, unless he were to write a rather huge book, so numerous have been the instances among all classes of creative minds. Thus, in the domain of art, he might have discussed the cases of Raphael, of Bastien-Lepage, of Jacquemart, or of Watteau, who shaped the art of eighteenth century France. From among musical geniuses he might have selected Paganini; from among dramatic artists, Rachel; from among physicians, Laennec; from among theologians, John Calvin. The great lights of literature have been selected for this reason and because of the writer's entire belief in the aphorism of Dr. Johnson, to wit: "The chief glory of every people arises from its authors."

To be sure, tuberculosis doesn't convert all talented persons into geniuses, nor mediocre people into talented ones. Moreover, many geniuses have not been tuberculous. Again,

[3] States of depression do occasionally occur. (Exemplified by Keats, Stevenson, Schiller.)

[4] Sidney Lanier's four children were all born during the active period of his disease. "The final consuming fever opened in May, 1880. In July he went with Mrs. Lanier and her father to Westchester, Pa., where a fourth son was born in August. * * * This winter brought a hand-to-hand battle for life. In December he came to the very door of death." —*William Hayes Ward.*

tuberculosis is not infrequently a result, and not a cause, of literary industry, although in such instances it may prove to be an intellectual asset. Right here the writer will say that he is not attempting to do anything more than to reason inductively from certain facts. This reasoning is governed only by the probable. It is the same reasoning that we apply to all the phenomena of disease. Were we to abandon such a method we would end by questioning the validity of nearly all those postulates upon which modern medicine is founded, when as a matter of fact we know that these postulates enable us to solve bedside problems very successfully. They work well. Thus we would question the relation of syphilis to general paralysis and locomotor ataxia. This disease, we would say, doesn't always produce those quartenary sequelæ in its victims. Such terminations are the exception, not the rule. Moreover, there are paretics and tabetics in whom the fact of antecedent specific disease cannot be established.

This subject might be considered from four points of view. *First,* from that which considers only the man of genius suffering from tubeculosis in its frankest and most active form; *second,* from that which considers the man of genius who has been afflicted at some early period in his life, and who has *apparently* recovered, *e. g.,* Sir Walter Scott; *third,* from that which considers the man of genius who is of the phthisical habit and who may (Thoreau, Mérimée, and the author of "Hudibras") or may not (Edward Gibbon) develop actual consumption; and *fourth,* from that which considers the man of genius, himself, apparently, not tuberculous, as a product of admittedly tuberculous stock, *e. g.,* Robert Burns, Edgar Allan Poe, Eugénie de Guérin, J. A. Froude, Sainte-Beuve, François Coppée, John Stuart Mill, William Cullen Bryant, Harriet Martineau, Byron, Milton. If we take the broad ground covered by all four of these viewpoints we have much indeed upon which to base our study. The bearing of the last upon the subject the author leaves mainly to the reader's own conjecture; that of the second and third he includes in his study in tentative fashion; that of the first he founds his thesis upon with no doubt in his own mind as to its absolute relevance.

This matter of tuberculous stock cannot be lightly dismissed. While we must, perhaps, accept Weismann's anti-Lamarckian teaching that the acquired characteristics of parents do not become the natural ones of the offspring, that is to say, are not

actually transmitted, yet we are not obliged to believe that such acquired characteristics are without influence of any sort upon the offspring. However, there is no use of engaging in a discussion that would trench closely upon the academic.

II.

We shall now proceed directly to a study of those literary geniuses in whom tuberculosis appears to have been a more or less direct factor in exciting, if not inaugurating, creative ideas of the highest order.[5] We cannot, of course, account in this way for superb technique, nor perhaps in any case for the initial spark of genius. We merely predicate it, then, to be a quickener, excitant or inspirer of germinating or flowering faculties of extraordinary potentiality, which even without its influence would have marked their possessors as men of remarkable talent or moderate genius.

Alexander Pope.—Pope was a victim of Pott's disease of the spine. Morley notes that his father was similarly deformed. The immediate causes of his death were asthma and dropsy. He had a "crazy carcase." At seventeen he very nearly died. "Let those who judge him," say Garnett and Gosse, "read the account of that long disease, his life." He required to be lifted out of bed, and could not stand until he was laced into a sort of armor. He described himself as "a lively little creature, with long legs and arms; a spider is no ill emblem of him; he has been taken at a distance for a small windmill." Always a sick man, we may suspect that the tuberculous fires smouldered throughout his life. Sufficient by-products were perhaps liberated to act as a kind of lash to what would have been an extraordinary mind, even if its possessor had had a normal body.

Dr. Samuel Johnson.—Johnson was afflicted throughout much of his life by what appears to have been *lupus vulgaris.* This was the cause of the unsightly scars which marked his

[5] It is impossible always to secure definite data as to the illnesses of famous literary geniuses. Many are said to have died of "declines," of "general breakdowns of the system," of "pulmonary affections," of "wasting diseases," of "continued coughs and fevers," of "catarrhal affections," "throat troubles," etc., etc. Much may be roughly inferred from all this. Even the records left by physicians are usually inexact and unscientific. Tuberculosis has also been regarded as a sort of stigma, hence is sometimes deliberately veiled under other terms.

face. His health was always precarious, because of his "scrofulous taint," as it was then called. He came of "scrofulous" stock.

Sir Walter Scott.—Although Scott died at the age of sixty-one, after a life of prodigious industry, his health was not always good. He seems to have maintained it only by much exercise and care. It is true that he was tall and that his chest and arms were powerfully developed. In 1788, when he was about seventeen years of age, Scott had a pulmonary hemorrhage, which was followed by a lengthy illness. Previous to this, when a child of eighteen months, Scott had what his surgeon, Dr. Charles Creighton, called "a swelling at the ankle." It was this affliction which left him partially crippled. The distressing physical conditions under which he wrote "Ivanhoe" and the "Bride of Lammermoor" do not appear to have been related to his tuberculous troubles. One of the children of his daughter Sophia (Mrs. Lockhart) died of tuberculosis.

Percy Bysshe Shelley.—Shelley sank into incipient phthisis in 1817. His health had "failed" in 1815. He went to Italy on account of his health in 1818. To this period belong "Rosalind and Helen," "The Cenci" and "Prometheus Unbound," "To a Skylark," "Oedipus Tyrannus," "Epipsychidion," "Ode to the West Wind," "Adonais," "Hellas" and the unfinished "Triumph of Life." These certainly represent his most "soaring thought." He was drowned in July, 1822. "No greater gift to poetry was ever given by a poet within a twelvemonth than Shelley's gift of 1819."

John Keats.—Keats's mother died of tuberculosis. In December, 1818, his brother Tom, tenderly *nursed by the poet,* succumbed to the same disease. By the autumn of 1819, after twenty months of wonderful work, "an achievement unparalleled in the history of English poetry, Keats had produced almost all the works on which his fame rests." He died on February 23, 1821. The breaking down of his health dated from the time of Tom's death. He was eager, enthusiastic, resolute. He speaks of "the violence of his temperament." Of him it may be truly said, using his own phrases, that he "died into life," destroyed by "the fever and the fret." Other great poets have warmed themselves at the fire of Keats's genius and gained much of their own inspiration therefrom. Among them have been Hood, Tennyson, Rossetti, Morris, Coleridge, and a whole host besides. He still strongly influences much of

the poetry of to-day. He may be credited, then, in a sense, with a large share of the parentage of many of our greatest poems. "His influence may be traced in the tendencies to choose subjects from Greek mythology, to describe nature imaginatively but without much of the Wordsworthian spirituality, to saturate language with color, and to aim at felicity of phrase. It is also visible in many paintings."

Thomas Hood.—"A tendency to consumption on the mother's side, fatal to three of her children and ultimately to herself, was at the root of those complicated disorders which made the life of Thomas Hood 'one long disease.'" "The Song of the Shirt" (Christmas number of *Punch,* 1843), "The Haunted House," "The Lay of the Labourer" and "The Bridge of Sighs" were all written at a time when his disease was almost in the terminal stage, "proving that, as the darkness of his own prospects deepened, the sympathies with his kind deepened also, *and quickened his finest genius.*"

Laurence Sterne.—Sterne's health broke about the time of his first success (the two first volumes of "Tristram Shandy"). "The Sentimental Journey" was published on February 28, 1768, and Sterne died of consumption on March 18 of the same year. He was one of a very large family, most of whom died in early childhood. His father died in 1731 of an "impaired constitution."

The "Journey" through France and Italy was undertaken in 1765, in an attempt to prolong his life.

Of the temperament of Sterne, no better summary can be given than is provided by himself, when, after describing some misfortune, he says: "But I'll lay a guinea that in half-an-hour I shall be as merry as a monkey, and forget it all."

"His unseemly, passionate, pathetic life burned itself away at the age of fifty-four, only the last eight of which had been concerned with literature" (Garnett and Gosse).

Thomas De Quincey.—"De Quincey, a dreamer of beautiful dreams, * * * sought with intense concentration of effort after a conscientious and profound psychology of letters." From our point of view the psychology of a great intellect as modified by tuberculosis *plus* opium.[6]

[6] Gerrier, of Lyons, questions De Quincey's statements anent the influence of opium upon him, since his descriptions of opium symptoms are more than inexact; they are false.

By some it is felt that this very drug habit actually hindered, in some way, the full expression of De Quincey's genius. His biographer page says that "he did not become a dreamer because he fell under the spell of opium," and De Quincey himself says: "Habitually to dream magnificently, a man must have a constitutional determination to reverie."

De Quincey's father died of tuberculosis and a sister of tuberculous meningitis.

Surgeon-Major W. C. B. Eatwell, who studied De Quincey from a medical standpoint, points out certain manifestations of tuberculosis in a cerebral form in De Quincey's childhood. He showed decided evidences of the disease still later. De Quincey himself, in the "Confessions," says that before he wrote that book he had been pronounced repeatedly a martyr-elect to pulmonary consumption. "Without something like a miracle in my favor, I was instructed to regard myself a condemned subject. * * * These opinions were pronounced by the highest authorities in Christendom. * * * Out of eight children I was the one who most closely inherited the bodily conformation of a father who had died of consumption at the early age of thirty-nine. * * * I offered at the first glance to a medical eye every symptom of phthisis broadly and conspicuously developed. The hectic colours in the face, the nocturnal perspirations, the growing embarrassment of the respiration, and other expressions of gathering feebleness under any attempts at taking exercise, all these symptoms were steadily accumulating between the ages of twenty-two and twenty-four."

He thought that the use of opium in some way stopped the further progress of his malady, although he had no such notion in his mind when he began its use. It was first taken to relieve a neuralgia.

De Quincey died at the age of seventy-five of what his physician, Dr. Warburton Begbie, describes as a catarrhal, febrile affection of the chest with exhaustion of the system. The doctor attended him from October 22, 1859, to December 8 of the same year.

"The Confessions" were written at the age of thirty-seven.

Elizabeth Barrett Browning.—Mrs Browning's "lung affection" began in 1836, at the age of thirty. A pulmonary hemorrhage occurred in 1837. The trouble has been described as a "bronchial affection." Again, biographers characterize it as "grave mischief in the lungs." Spinal trouble, which we

may suspect to have been tuberculous spondylitis, is also mentioned. This would seem to be an instance in which, for some reason, those in possession of the exact facts seem to regard candor as inappropriate. The security of her fame and the loveableness of her character only make this reticence the more priggish. Her life of invalidism and of great achievement is familiar to all. *Obit,* 1861.

Molière.—Molière was quite a typical example of the tuberculous diathesis[7] and died of hemorrhage after years of semi-invalidism on February 17, 1673. Only death itself, however, interrupted his brilliant career as actor and author.

Henry Thoreau.—The health of Thoreau, another quite typical example of the tuberculous diathesis throughout his strange life, failed completely in 1861. Died 1862.

"In Thoreau, * * * it was the spirit more than the temple in which it dwelt, that made the man." (Ricketson.)

Johann Christian Friedrich Schiller.—Schiller's fatal sickness began in the summer of 1804. He died on May 9, 1805. On the eighth, when asked how he felt, he replied, evidently referring to his mental state, "Better and better, more and more cheerful." Again he said, with characteristic optimism, "Death can be no evil, for it is universal."

Some doubt is expressed by Schiller's biographers as to whether he really had phthisis. There appear to have been some anomalous symptoms. The writer has studied the available data very carefully and he finds it impossible to surmise what the disease was if it was not phthisis. Even his very typical *spes phthisica* was not the most characteristic of the cardinal symptoms. There would appear to be no occasion for befogging the facts other than the one exemplified by the biographers of Mrs. Browning. Still, we must not forget that in those days the specific bacillus had not been isolated—nor was the art of medicine unimpeachable.

His first attack of blood-spitting occurred in 1791. He never entirely recovered and this first attack was in reality his sentence of death. He was then thirty-two. At the time of his death he was forty-six. "It is possible," says his biographer

[7] In many instances it is unquestionably correct to state that the so-called phthisical habit is not an indication of a tendency to, but actually of the existence of, tuberculosis (Cohnheim-Osler). That recent addition to our diagnostic resources, the Calmette or Wolff-Eisner-Vallée test, has many times confirmed this teaching.

Nevinson, "that *the disease served in some way to increase his eager activity, and fan his intellect into keener flame.*" "He wrote his finest and sublimest works when his health was gone." (Carlyle.)

"The Song of the Bell" was written in 1799.

"His face expressed a fiery ardor. * * * His enthusiasm clothed the universe with grandeur. * * * His was an imagination never weary of producing grand or beautiful forms." (Carlyle.)

His biographers tell us that he had an inexhaustible fund of cheerfulness and hope. Difficulties were thrown off, disappointments left behind. Before the critics had time to say their worst of one work, he was borne far beyond their reach by enthusiasm over the creation of the next.

"Some fortunate gift of temperament lifted him," says Meister, "like a god."

"Inspired by hope and an unquestioning confidence in the objects of his enthusiasm, in their sufficiency and ultimate triumph, he passed unscathed amidst the perils of indolence, hesitation and despair, as well as through the ordinary trials of poverty, sickness, and failure. He seemed to bear a charmed life, and the enchantment passed from him to others. (So we have seen it was with Keats too.) Eager and unresting in the pursuit of his ideals, 'a new and more complete man every week,' he seemed to diffuse energy and enthusiasm as he went."

He was the inspiring friend of Goethe, whose mind was of a grander type. "Schiller's influence supplied the main impulse." This connection with a genius higher than his own (a fact graciously acknowledged by himself) has consecrated him.

"It was his 'inexhaustible cheerfulness,' this blessing of a sanguine and yet not impatient temperament, that more truly than his intellectual ability was the secret of his success. It was this that upheld him in the midst of trials under which men of far higher natural powers have often fallen. It was this that enabled him to withstand the innumerable cares and temptations that beset the paths of the man of letters. The irregularity of his work neither drove him to dissipation nor reduced him to impotence. Even in his rare intervals of enforced and tedious leisure he did not allow himself to despair altogether of his art. Even under the stress of writing for money he could forget to be mercenary and remain an artist. Undaunted by the indifference of the ordinary world and the small apparent effect of

things poetical, he retained his high belief in the ultimate value of beauty in thought and word."

"His life was a kind of fever." (Farjeon).

At the time of his death his power of tragic conception and dramatic execution was at its highest.

The hectic afflatus of the actively tuberculous creative genius is almost incessant and he is nearly always astonishingly prolific. The inspiration of the non-phthisical genius is intermittent, his work is more deliberate, he does not burn the candle at both ends, he is normal and works sanely. The wheels are not continually in motion.

Johann Wolfgang von Goethe.—At the age of nineteen (July, 1768), Goethe had a severe pulmonary hemorrhage, from which he made a very slow recovery and was thought to be consumptive. (Sime). In November, 1830, he suffered another violent hemorrhage. This was a little more than a year before his death, which occurred March 22, 1832. (Lewis.) His only son died in 1830 of a "decline."

Goethe enjoyed, *apparently*,[8] exceptionally good health during the productive period of his career. Curiously enough, when he seemed to have left his own early tuberculosis behind him, he still felt the influence of the disease vicariously, through Schiller, as we have seen. We may rest assured, however, that the "latent" lesion supplied quite a few by-products.

Robert Louis Balfour Stevenson.—In Stevenson we find a striking example of the *spes phthisica*. The immediate cause of his death was cerebral apoplexy, but for years he had suffered from tuberculosis and had done his best work during this period of pathology. The occasional notes of despondency in Stevenson's letters from Vailima seem to have coincided with periods of temporary *improvement*. The literary work that he did at such times was not great. (*e. g.*, "St. Ives.")

When the disease again gains the upper hand we have "Weir of Hermiston," which promised to be his greatest work, according to himself and the critics too. He did not live to finish it. Then, when very near the grave, "he was buoyant and happy." ("Letters.")

Stevenson was an optimist—if ever there was one, and a dreamer, a transcendentalist. He would like to have us believe that "no man lives in the external truth, among salts and acids;

[8] Goethe probably would come under the fourth type of Norman Bridge's classification. (See his "Tuberculosis.")

but in the warm, phantasmagoric chamber of the brain, with the painted windows and the storied walls." Who can say he was not, at the particular moment that he wrote the above, pathologically inspired? The reader will reflect, might not such things be written by one not influenced by the *spes phthisica?* Yes, but so is it conceivable that "Kubla Khan" *might* have been written by some one not under the influence of a drug, yet no one questions the relation of drug effects to the character of certain of Coleridge's productions. The latter illustration is quite obvious, our contention relatively subtle. There is, really, as little reason for questioning the tuberculosis factor in the case of Stevenson as for questioning the inspiration of religious feeling with respect to the paintings of Fra Angelico.

"But it was not only the many delightful qualities of his written work which made Stevenson the best loved writer of his time; even more, perhaps, he was endeared to countless readers by the frank revelation of a most engaging personality, which shines through all his works—of a serene, undaunted cheerfulness * * *."

Sidney Lanier.—Our greatest lyric poet since Poe is a perfect type of the tuberculous genius. He produced nothing of any consequence until after he became afflicted. His work improved as his malady advanced, and his greatest work, "Sunrise," was composed on his death-bed (1881). Making all allowance for natural improvement in technique and for increased intellectual breadth, we cannot summarily dismiss consideration of the phthisical element. It stirred his soul into expression in the beginning and as time passed on became more and more excitative. "The fire in the flint showed not until it was struck."

Early in 1874, Lanier, then greatly wasted, having been tuberculous since January, 1868,[9] a period of six years, wrote to his wife: "So many great ideas for art are born to me each day, I am swept away into the land of All-Delight by their strenuous sweet whirlwind; and I find within myself such entire, yet humble, confidence of possessing every single element of power to carry them all out, * * * I do not understand this."

Lanier's mother died of tuberculosis.

No tuberculous genius has, himself, so well expressed the psychology of the tuberculous. Thus, in 1873, he writes to his wife from Texas: "Were it not for some circumstances which make such a proposition seem absurd in the highest degree, I

[9] There are reasons for believing that his tuberculosis dated from 1865.

would think that I am shortly to die, and that my spirit hath been singing its swan-song before dissolution. All day my soul hath been cutting swiftly into the great space of the subtle, unspeakable deep, driven by wind after wind of heavenly melody. The very inner spirit and essence of all wind-songs, sex-songs, soul-songs and body-songs hath blown upon me in quick gusts like the breath of passion,[10] and sailed me into a sea of vast dreams, whereof each wave is at once a vision and a melody."

Pathological, of course. This man's children were badly off for the necessaries when he wrote the lines just quoted, yet he was in the seventh heaven.

Later he wrote again to his wife: "Know, then, that disappointments were inevitable, and will still come until I have fought the battle which every great (*sic.*) artist has had to fight since time began. This—dimly felt while I was doubtful of my own vocation and powers—is clear as the sun to me now that I know, through the fiercest tests of life, that I am in soul, and shall be in life and utterance, a great poet."

Clearly written in a pathologically exalted frame of mind. To ascribe such utterances to any other cause would be uncharitable. One must have something besides genius in him to write so, even to one's wife.

These exalted ideas were not limited to his poetry. In 1873 he wrote to his father: "Several persons, from whose judgment there can be no appeal, have told me * * * that I am the greatest flute-player in the world; * * *."

He compares himself with Schubert and Schumann in music and with Keats in poetry. Swinburne was presumably inferior: "He invited me to eat; the service was silver and gold, but no food therein save pepper and salt." Of William Morris he said: "He caught a crystal cupful of the yellow light of sunset, and persuading himself to dream it wine, drank it with a sort of smile." Again: "Whitman is poetry's butcher. Huge raw collops

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[10] Compare Shelley's "Ode to the West Wind" (see Shelley sketch):

"Make me thy lyre, even as the forest is:
What if my leaves are falling like its own!
The tumult of its mighty harmonies
Will take from both a deep autumnal tone,
Sweet though in sadness. Be though, spirit fierce,
My spirit! be thou me, impetuous one!
Drive my dead thoughts over the universe
Like withered leaves to quicken a new birth;
And, by the incantation of this verse,
Scatter, as from an unextinguished hearth
Ashes and sparks, my words among mankind!
Be through my lips to unawakened earth
The trumpet of a prophecy! O wind,
If winter comes, can spring be far behind?"

slashed from the rump of poetry, and never mind gristle—is what Whitman feeds our souls with." And the trouble with Poe was, he did not *know* enough. "He needed to know a good many more things in order to be a great poet."

The foregoing quotations are too evidently odious comparisons with a certain member of the poet's guild; and all of them show pathological exaltation. Remember that he *wrote* these things; they were not verbal quips.

"Sunrise," the last completed poem, written in December, 1880, when the poet was rapidly approaching his end, was composed at a time when he was running a temperature of 104.° It is considered "the culminating poem, the highest vision of Sidney Lanier." He was then unable to lift his hand and was being fed by his attendants.

"What he left behind him was written with his life-blood. High above all the evils of the world he lived in a realm of ideal serenity," writes William Hayes Ward.

Ralph Waldo Emerson.—The father of Emerson died at forty-two of "a consuming marasmus," vainly combated for some months. Ralph Waldo himself was a slender, delicate youth (Hill). He was not vigorous in body as a schoolboy (Loring). There was a family tendency to "chest-disease." (James Elliott Cabot, p. 219, vol. I, "A Memoir of R. W. E.") A study of Emerson's portraits reveals certain stigmata of the phthisical habit: narrow chest, sloping shoulders, small thorax. Although nearly six feet in height he weighed only about 140 pounds when fully matured and in his best health. He is described as being somewhat stooped, or round-shouldered. We may infer that the prominence of the alæ scapulæ described by all clinicians from Hippocrates downward as one of the stigmata of tuberculosis was partly responsible for this. Throughout his life his health was precarious and even at his best he was "oppressed by a feeling of physical insufficiency."

Thirty was the critical age with all the Emerson brothers. Ralph Waldo's health breaking in 1826, he spent the winter and spring of 1826-7 in the Southern States. His health had not permitted him to take the regular course at the Theological School in 1823 and he had been merely "approbated to preach."

One of Emerson's biographers tells us that as a boy he was never seen to run. The brothers Edward and Charles both died at about the age of thirty.

In 1831 Emerson's first wife died of consumption and he

again found himself broken in health. He spent seven months of 1833 in Europe with apparent recovery.

There is some suggestive correspondence belonging to the 1826-7 period. "It would give me great pleasure to be well," he writes in September, 1826. He was then too weak to take any exercise. To William Emerson he writes on January 6, 1827, from Charleston, S. C.:

"I have but a single complaint, a certain stricture on the right side of the chest, which always makes itself felt when the air is cold or damp, and the attempt to preach, or the like exertion of the lungs, is followed by an aching."

From Alexandria, D. C., he writes to his aunt on May 15, 1827:

"I am waiting here in pleasant durance until the sun will let me go home. For I am too delicate a body to brave the northeast winds with impunity. If I told you I had got well, I believe I deceived you and myself. For I am not sure I am a jot better or worse than when I left home in November; only in this, that I preached Sunday morning in Washington without any pain or inconvenience. I am still saddled with the demon stricture, and perhaps he will ride me to death. I have not lost my courage, or the possession of my thoughts. * * *"

To William he writes again, this time from Boston, under date of June 24, 1827:

"I am all clay, no iron. I meditate, now and then, total abdication of the profession, on the score of ill health. It is now the evening of the second Sunday that I have officiated all day at Chauncey Place. Told them this day I won't preach next Sunday, on that account. Very sorry—for how to get my bread? Shall I commence author? Of prose or of verse? Alack, of both the unwilling Muse. Yet am I no whit the worse in appearance, I believe, than when in New York, but the lungs in their spiteful lobes sing sexton and sorrow whenever I only ask them to shout a sermon for me. * * *"

Still later he writes to William from Cambridge, August 31, 1827:

"I am going to preach at Northampton for Mr. Hall, a few weeks. His church is a small one, and I shall be able to preach all day, I suppose, without inconvenience. * * * I am not so well but that the cold may make another Southern winter expedient."

December 14, 1827: "* * * My health quite the same stupid riddle it has been."

February 8, 1828: "* * * I am living cautiously; yea, treading on eggs, to strengthen my constitution. It is a long battle, this of mine betwixt life and death, and it is wholly uncertain to whom the game belongs. * * *"

April 30, 1828: "* * * Am said to look less like a monument and more like a man. * * * Especially I court laughing persons, and after a merry or only a gossiping hour, when the talk has been mere soap-bubbles, I have lost all sense of the mouse in my chest * * *."

He was not subjected to any formal examination by the ministerial council which "approbated" him to preach. He once said that he would not have been able to qualify had an examination been held. It may be that the council was merciful, believing that the young man had not long to live and work. Here we may say that Emerson never acquitted himself well in any kind of college *work*. In mathematics he was a self-confessed "dunce." He knew literature, however, as hardly any other man had ever been known to know it before. We may look equally to his semi-invalidism as to his temperament and bent of mind for an explanation of these things.

The insanity of his brother Edward appears to have been of the tuberculous type discussed by Mickle in his Gulstonian lectures. Baldwin, McCarthy and Clouston also recognize such a type. It occurred in the course of his "decline." He recovered from it (the insanity) but continued to decline and died a few years afterward of consumption.

The question naturally suggests itself: how much of Emerson's intense and characteristic optimism[11] was pathological? Apparently paradoxical, the idea of pathological optimism is conceivable in Emerson's case—pathological, of course, in respect of toxinic influence, since optimism, *per se*, is, of course, never associated with the idea of abnormality. Even if unjustified in point of fact, we applaud it almost always as a splendid human trait in a world of trouble. There were periods in Emerson's life when, sorely tried by poverty, by his own illnesses, and by the Nemesis of disease which hung over his whole family, he had about as much reason to be pessimistic as any man ever had, yet we find but slight evidence of anything in all his life

[11] Acquiescence and optimism constituted his whole philosophy. So he declared in a letter to Carlyle.

save almost transcendental cheerfulness and hope. Once, when his brother lost his reason, do we find him voicing doubt in a letter to his aunt. Again, in his journal, he speaks of his peevishness and poor spirit. We must, of course, take into account his fundamental temperament, his mental equipment and education and his singularly beautiful home training in estimating these things. Yet we cannot ignore his phthisical habit in the light of Cohnheim and Osler's understanding of that condition. This hypotrophy, as Jaccoud calls it, or abionergy, to use Solis-Cohen's term, must first be reckoned with in studying his early life; then, later, account must be taken of the actual bacillary stage that supervened in 1826. The micrococcal stage, or true consumption, he never reached.

Emerson's tremendous influence upon modern thought and life has been most adequately stated by President Eliot.

Honoré de Balzac.—The greatest of novelists died of nephritis. (Same age at time of death as Stevenson—forty-five.) There was a cardiac complication which two physicians pronounced hypertrophy in 1849. After his death, another physician, who had been friend and medical adviser for many years, when asked to give a statement as to the causes thereof, named "a longstanding disease of the heart complicated by marked albuminuria (Dr. Nacquart).

However, if one reads the "Letters," he will find much to more than justify the suspicion that this creator of 2,000 characters, 50 volumes, and of at least 325 separate and titled creations (424?) also suffered from tuberculosis.

The heart disease is described as "simple" hypertrophy. Probably it was secondary to the nephritis. Aneurism is also mentioned. Arteriosclerosis suggests itself in this connection. The heart lesion probably accounts for the long duration of the pulmonary affection, in accordance with well known clinical facts.

Gould, in his brilliant "Biographic Clinics," has shown very convincingly the influence exerted by eyestrain upon Balzac's literary life and pathological history. The data which the letters provide for Gould's masterly analysis are almost equalled in suggestiveness by similar data bearing upon the topic of tuberculosis. Here the author's inductive method is practically Gould's method.

Balzac once wrote: "When I was quite a young man I had an illness from which persons do not recover; nineteen out of twenty die." We can only infer what this illness may have been,

but the remark almost irresistibly suggests tuberculosis. As a boy he was thin and puny. At fourteen he had an illness characterized by feverish symptoms which clung to him persistently.

"The doctor wants me to travel for two months" (1834).

"My cold is precisely the same" (1835).

"I have fever every day" (1835).

"I am a prey to the horrible spasmodic cough I had at Geneva, and which, since then, returns every year at the same time. Dr. Nacquart declares that I ought to pay attention to it, and that I got something which he does not define, in crossing the Jura. The good doctor is going to study my lungs. This year I suffer more than usual" (1836).

"My health is extremely bad" (1836).

"Physical strength is beginning to fail me" (1836).

"My forces are being exhausted in this struggle; it is lasting too long; it is wearing me out" (1836).

"* * * A nervous sanguineous (!) attack. I was at death's door for a whole day" (1836).

"All the mucous membranes are violently inflamed" (1836).

"I entered the garret where I am with the conviction that I should die exhausted with my work" (1836).

"I am ordered to go to Touraine for a month to recover life, and health" (1836).

"I must submit to physicians, humbly, or I shall quickly be destroyed" (1836).

"Touraine has given me back some health" (1836).

"Then, after getting over that semi-ridiculous illness ("cholerine"), I was seized by the grippe, which kept me ten days in bed" (1837).

"This illness has made me lose six irreparable weeks" (1837).

"I ended by getting an inflammation of the lungs, and I came to Touraine by order of the doctor, who advised me not to work, but to amuse myself, and walk about. * * * As for working, that is impossible; even the writing of these few lines has given me an intolerable pain in the back between the shoulders; and, as for walking, that is still more impossible; for I cough so agedly that I fear to check the perspiration it causes by passing from warm to cool spots and breezy openings. I thought Touraine would do me good. But my illness has

increased. *The whole left lung is involved*, and I return to Paris to submit to a fresh examination" (1837).

"None but myself know the good Switzerland does" (1837).

"The moment the publication of the last part of the '*Etudes de Moeurs*' was over, my strength suddenly collapsed * * * and I foresee it will be so every fourth or fifth month. My health is detestable, disquieting; but I tell this only to you" (1837).

"* * * if there is success, success will come too late. I feel myself decidedly ill. I should have done better to go and pass six months at Wierzschovnia than to stay on the battlefield where I shall end being knocked over" (1837).

"Such fevers * * * crush me" (1838).

"My situation is more painful than it has ever been. Doctor Nacquart preaches vehemently a journey of six weeks" (1840).

"Nacquart said to me brutally yesterday, while writing his prescription, 'You will die.' 'No,' I said, 'I have a private god of my own; a god stronger than all diseases'" (1844) (Here speaks the *spes phthisica*.)

"I feel young, full of energy * * * before new difficulties" (1846).

"I should have been dressed differently and so escaped my cold" (1846).

"I took cold at Kiev, which has made me suffer long and cruelly. The treatment I have been undergoing for my heart and lung trouble is uninterrupted. * * * I have reached the stage of absolute muscular weakness in those two organs, which causes suffocation for no cause at all. * * * However, this last cold is getting better, and they are going to try and remedy the muscular exhaustion—otherwise, the journey home would be very difficult. I have had to get a valet—being unable to lift a package, or to make any movement at all violent" (1849).

"I am as thin as I was in 1819; * * *" (1849).

"I took the most dreadful cold I have had in my life" (1850). (The letters record colds, colds, colds, and grippes, grippes, grippes, over a period of twenty years.)

"I have had a serious relapse in my heart trouble and also in the lung" (1850). *Obit* August 17, 1850, at the age of fifty-one.

Yet the patient retained *hopes* of himself, we are told by Dr. Nacquart. Victor Hugo declares that even a month before

his death he was perfectly confident about his recovery, and was gay and full of laughter.

He projected herculean labors when nearly dead. The day before he died he is said to have pleaded with his physician to keep him alive for six weeks longer, in order that he might finish his work. "Six weeks with fever," he said, "is an eternity. Hours are like days * * * and then the nights are not lost" (Houssaye).

Gautier dilates upon his extraordinary optimism in respect of his disease. ("*Portraits Contemporains—Honoré de Balzac.*")

"His vivacity and hopefulness never forsook him for long. Even in his terrible state of health in 1849 and in spite of his disappointment at the non-appearance of *'Le Faiseur,'* he was in buoyant spirits" (Sandars).

Jane Austen.—"The insidious consumption which carried her off seemed only to increase the powers of her mind; she wrote while she could hold pen or pencil, and the day before her death composed stanzas instinct with fancy and vigour." Died July 18, 1817.

Edward Fitzgerald styled her "perfect." "There are in the world no compositions which approach nearer to perfection" (Macaulay). "Approached nearest to Shakespeare in character-drawing" (Macauley-Pollock). Goldwin Smith classes her among the great creative minds.

Samuel Butler.—The author of "Hudibras" died of tuberculosis September 25, 1680. The first part of his famous work was written at some time between 1648 and 1663, the second part about 1664, and the third part about 1678. It is probable that the type of pulmonary tuberculosis from which he suffered was that which occurs at or near middle age and pursues a very slow, chronic course. "He was of a sanguine temperament." Butler was fifty before he became famous and was sixty-nine at the time of his death. He was the Byron of his age, in point of merited popularity.

Edward Gibbon.—The author of the "Decline and Fall" impresses upon us in his "Autobiography" (pp. 36-112-219) that as a boy he exhibited "a tendency to the consumptive habit." "I have never known the insolence of active and vigorous health." "The progress of my education was * * * often interrupted by disease." His body bore many evidences of the lancet, he tells us, mementoes of his boyhood "tendency." (Tuberculous adenitis, the writer presumes.)

Francis Beaumont.—Beaumont and Fletcher were the "great Twin Brethren" of the Jacobean drama. Beaumont was born in 1584 and died in 1616, his life spanning a bare thirty-two years. Here was a productive genius indeed. Drayton ascribed an elder brother's death to a too fiery brain or overwrought body. Dyce quotes Bishop Corbet as singing of Francis:

> *"So dearly hast thou bought thy precious lines;*
> *Their praise grew swiftly, as thy life declines.*
> *Beaumont is dead, by whose sole death appears,*
> *Wit's a disease consumes men in few years."*

This "passionate and fiery genius" died of a "decline," the old writers tell us. "Decline" is good Old English for tuberculosis. It was good enough terminology even for the medical lights of that day.

Jean François Marie Arouet de Voltaire.—What was the disease that afflicted the wonderful scamp who made such a tremendous impression upon the society of his own and all later days—mostly for good, the disease which made of him "a spectre, with the odour of an embalmed corpse"?

Nowhere in the mass of Voltairean literature which the author has scanned has he found any specific and definitive pronouncement as to what his malady really was. Certain data, however, permit the inference of tuberculosis. So, at least, it would seem to the writer, who, however, may be considered biased in the premises.

We know these things, however. First, that he was a puny, marasmic infant, the child of a delicate mother who died when he was seven years of age; that he was nine months old before he could be publicly baptized; that he was sickly throughout his long life and of wretched constitution (Espinasse), and that he had a pulmonary hemorrhage on February 25, 1778. He himself bears ample testimony to his miserable health, as in the letter quoted by Lord Brougham, when he speaks of his "crazy constitution." It was Mme. de Staal-Delaunay who harshly characterized him in the words quoted at the beginning of this biographic clinic. Again, we read that "his constitution, at all times sufficiently robust to sustain the most active labors of the mind, was yet too delicate to bear any other sort of excess." Doctor Burney described him as follows: "It is not easy to conceive it possible for life to subsist in a form so nearly composed of mere skin and bone." Voltaire remarked to Burney that he,

Voltaire, supposed the doctor was anxious to form an idea of the figure of one walking after death. Yet "his eyes and whole countenance were still full of fire; and though so emaciated, a more lively expression cannot be imagined."

When he was twenty-four the Duchess of Berry described him as "that wicked mummy"; and Sainte-Beuve tells us about his "fleshless grin." His portraits speak volumes to the clinician.

Baruch Spinoza.—The famous Spinoza was for many years of his life a victim of tuberculosis and he died of it on February 21, 1677.

He has had perhaps the most pervasive influence of any modern philosopher except Kant. "Not only metaphysicians, but poets such as Goethe, Wordsworth and Shelley, have gone to him for inspiration, and the essence of his thought has been in large part appropriated in the poetic pantheism of modern interpretations of nature."

The salient features of his temperament were those which we associate with the *spes phthisica.*

Georges Maurice de Guérin.—This true and rare genius lived but twenty-eight years. He was a French Keats, in a sense. Sainte-Beuve said of him: "No French poet * * * has rendered so well the feeling for nature."

Matthew Arnold remarks that "his expression has, * * * more than Keat's, something mystic, inward, and profound."

Arnold continues, and the passage is very significant for us: "In him, as in Keats, * * * the temperament, the talent itself, is deeply influenced by their mysterious malady; the temperament is *devouring*; it uses vital power too hard and too fast, paying the penalty in long hours of unutterable exhaustion and in premature death."

"The germs of destruction and premature death which were sown in the core of his organism, in the roots of life, were frequently transferred to his moral nature * * *" (Sainte-Beuve).

David Gray.—Gray died at the early age of twenty-three. He was an exceedingly precocious child. "In the Shadows" were sonnets composed during the latter part of his illness. "They possess, these sonnets, a touching and solemn beauty. * * * His poems possess the distinct individuality of true genius. * * * They give evidence of an underlying wealth of imagination and sentiment, of a true and vigorous power of

conception, and of a gift of clear and strong, yet subtle and tender, musical utterance."

Henri Frédéric Amiel.—This "curious projection into reality of the Shakespearean Hamlet" died of "heart disease, complicated by disease of the larynx" (Laryngeal phthisis). "He suffered much and long." The last seven years of his life was a physical martyrdom. The *"Journal Intime"* contains many suggestive passages.

"For the secret of Amiel's malady is sublime, and the expression of it wonderful," writes his friend Scherer.

His mother died when thirty, his father at not much more than that age. As a boy he was delicate. He was sensitive and impressionable, but was not thought precocious. Through practically his whole life his health was "low."

On September 11, 1873, he writes in the "Journal" at Amsterdam, whither he had gone in search of health, about his fever, his wasting, and his throat. All are worse. Then he alludes to his *eager hopefulness* springing up afresh after all disappointments, yet unwarranted by the experience which his reason tells him is invariably unfavorable.

January 2, 1875.—"Could I be more fragile. * * * I know that the ground is slipping from under me and that the defence of my health is already a hopeless task."

July 12, 1876.—"Trouble on trouble. My cough has been worse than ever. * * * The process of demolition seems more rapid."

April 19, 1881.—"A terrible sense of oppression. My flesh and my heart fail me."

Here the life and the record terminate.

Marie Bashkirtseff.—"One of the most individual characters in the literary annals of the Nineteenth Century," Marie Bashkirtseff, died of consumption at the age of twenty-four. The paintings which she left show great promise, but the "Journal" is unparalleled in literature (Gladstone). The disease was present throughout her active intellectual life, for she had contracted it as a child from a governess.

At seventeen she writes that it is art alone that keeps her alive.

May not the "intellectual eroticism" which disfigures the suppressed portion of the "Journal" be the psychological equivalent of the factitious sexual stimulation so often observed in the tuberculous?

Washington Irving.—"The most successful writer of the New World" was a delicate boy and showed no inclination to study, being "a dreamer and a saunterer." This was attributed to "a hereditary tendency to pulmonary disease." In 1804 he manifested symptoms of incipient phthisis and spent two years in France, Italy, England and the Netherlands. He returned "in improved health."

John R. Green.—The author of the "Short History of the English People," and of its later expansion, the "History of the English People," was afflicted by tuberculosis in 1869. During the five years immediately following he wrote the "Short History." The later work was published in 1878-80. Green died in 1883, aged forty-six. As a historian he possessed "brilliant and extraordinary imaginative power," in the sense that "he threw himself into the life of the distant past and made it live again in his pages."

Richard Baxter.—"Once started as an author, Baxter literally poured out book after book—great folios, thick quartos, crammed duodecimos, pamphlets, tractates, sheets, half-sheets, and broadsides." Orme's list, also Grosart's, shows 168 distinct books. The great Presbyterian divine "was an extraordinary man. In his physique naturally weak, and tainted from the outset with consumptive tendencies (continued ill-realth, marked by violent cough and spitting of blood), * * * he so conquered the body that he did the work of a score of ordinary men as an author alone. Baxter had beyond all dispute a penetrative, almost morbidly acute brain. He was the creator of our popular christian literature."

The portrait in the National Gallery shows a face and figure reminding one somewhat of the wasted Stevenson of Saint-Gaudens's Medallion.

(*To be concluded.*)

THE HISTORY OF MOLE PREGNANCY.

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IT IS but natural to suppose that the occurrence of mole pregnancy must have puzzled mankind from the earliest times, and that a careful review of such manuscripts and tablets as we possess would reveal many references to these strange and unusual processes of childbirth. Difficult it is, however, to glean the facts from the volumes in which they lie concealed. In fact, the history here given is by no means complete. It presents merely a general outline with a short account of such original pamphlets and books on the subject as were at my disposal.

First, as to the etymology of the word "mole." It can hardly be derived from the Latin *moles,* meaning huge mass, since after all a mole pregnancy is a small object. Nor does there seem any apparent reason to trace it back to the Greek μυλή signifying machine. On the other hand, the Persians have the word *molin,* meaning piece of flesh. From this, in all likelihood, our term "mole" is derived. Many synonyms exist, such as fausse germe, false conception, fœtus mendosus, tumor carnosus, moon-calf, Mondkalb, Mutterkalb, Teufelsbruth, Kielkopf, Sonnenkind, Nierenkind, etc.

Of special interest is the use of the word "Moon-calf." Ballantyne in his "Antenatal Pathology" cites this as an instance to show the belief of people in the stars and moon as teratogenic causes. J. O. Halliwell in his "Dictionary of Archaic and Provincial Words" quotes Cotgrave's definition: "a moon-calfe, a hard swelling or shapeless piece of flesh in the womb, which makes women believe they are with child when they are not." The word moon-calf cannot be traced further back than the sixteenth century. In Holland's English version of Pliny (1601), the word moon-calf appears as a translation of mola. It is moreover unlikely that the ending *calf* did not mean the young of the cow but a swelling or lump (as in calf of the leg). Thus, moon-calf would signify monthly or menstrual lump.

The history of mole pregnancy dates back, as do so many things in medicine, to Hippocrates. He, however, included under this head all kinds of false conception, imaginary pregnancy, etc. Hydatid moles were also not unknown to him and in one place

he declares that this degeneration of the membranes was a not infrequent cause of miscarriage. Kossmann ascribes this observation to Diocles of Carystos. At this time the division was already made into true and false moles. True moles according to Hippocrates were always a product of gestation. His successors, however, did not hold the same view. According to Galen the term could be equally applied to any tumor of the uterus, to dermoids or to the membranes occasionally expelled by dysmenorrhoic women.

Pliny, living in the days of Vespasian, about 69-79 A.D., said: "The only being that has a monthly bleeding is woman. Hence she alone has in her uterus the so-called moles. This is a shapeless fleshy mass without life that is cut with difficulty by a knife. It hinders the monthly flow just as pregnancy does. Occasionally it is fatal to women; at times they retain it for many years, at times it passes away from their bodies."

The next important reference to moles we find in the writings of Aetius of Amida, about 600 A.D. He describes a condition of hydrops uteri in which bladder-like bodies were expelled, some viscid, some watery. Kossmann shows that this description of uterine hydrops is clearly that of a hydatid. Moles, according to Aetius, might arise after inflammation or a local ulcer.

In the succeeding centuries, when Arabian medicine flourished, every object or tumor that developed in the cavity of the uterus was termed a mole.

We find no further reference to this subject until 1564 when Christopher of Vega in his "Ars Medendi" described the expulsion of a twelve pound hydatid mole. An even more accurate account of such a mole was given by Schenk of Grafenberg (1565). Valleriola (1573), describing a like specimen, assumed that the vesicles developed from the female ova that were not impregnated by the male semen.

Tulpius who is so familiar as the central figure in Rembrandt's painting, "The School of Anatomy," in his "Observationes Medicæ," published in 1672, gives a very good description of a hydatid mole. "The wife of Philip Borealis," he relates, "afflicted for some time with irregular profuse menstrual flow, expelled a shapeless bloody mass, containing in its interior innumerable vesicles, partly filled with water, partly with air. It came away not in one piece but bit by bit. So numerous were these pieces that they filled an entire bucket of the sort

that are used by our women to carry water. This mole being expelled there flowed so much water and blood from the inflamed vulva that the patient fainted away. This extreme prostration likewise occurred in another woman, whom I saw give birth to a similar mole. But both were readily revived and quickly recovered their former health."

The first book dealing solely with the subject of moles was written by Lamzweerde, concerning whom little is known except that he was born in Brabant, became practicing physician in 1657 at Amsterdam, and in 1683 was made Professor of Anatomy at Cologne. The "Historia Naturalis Molarum Uteri," a volume of 341 pages, was published at Leyden in 1686.

In the opening chapter of this work he reviews the various definitions of moles given by writers in the past. In general, there are two sides: the one, including Hippocrates, Aristotle, Actuarius, Fernelis Roderigo a Castro, etc., believed that no virgin could produce a mole, in other words, that the mole is only a product of pregnancy; the other, including Plutarch, Avicenna, Ruysch, and others, believed that a virgin might produce a mole. Lamzweerde thought that these opposing views could be reconciled by dividing moles into *Molæ generationis*, those following conception, and *Molæ nutritionis*, those tumors that develop in virgins as well as married women not associated with pregnancy but at times expelled like a product of gestation.

Under the head of causes of mole formation, he first takes up the *material* cause. Moles have the same composition as embryos, since the true ones or *Molæ generationis* always follow impregnation. They have three distinct principles, a germinal, a milky and a bloody one. The germinal principle is that from which the color, the consistency, the form and other characteristics of the body are developed. The milky principle is that which feeds the individual after it has assumed form, converting the maternal food particles into similar particles for the fetus. The sanguinous principle is that portion of the maternal blood by means of which growth is alone possible. The material cause of moles, says Lamzweerde, is modified or diseased birth (*genitura morbosa et modica*). The *predisposing* cause of mole formation he attributes to some changed property of the sexual elements either male or female. The *direct* cause of mole formation finally may be fourfold: first, a congenital absence of certain elements necessary for the construction of the heart; second, an

insufficient development of these elements; third, a malformation or misplacement of these elements; fourth, external pressure interfering with development. Only in the uterus can moles be

FIG. 1.—Frontispiece to Lamzweerde's "Naturalis Molarum Uteri Historia," descriptive of the story concerning the birth of rats.

formed, and they may be retained many years without putrefying, even to the end of life. (See Figs. 2 and 3.)

An interesting chapter is that devoted to the various forms of moles. Here a number of strange occurrences are cited. Forestus tells of the fat wife of Bartholomew Simon, the

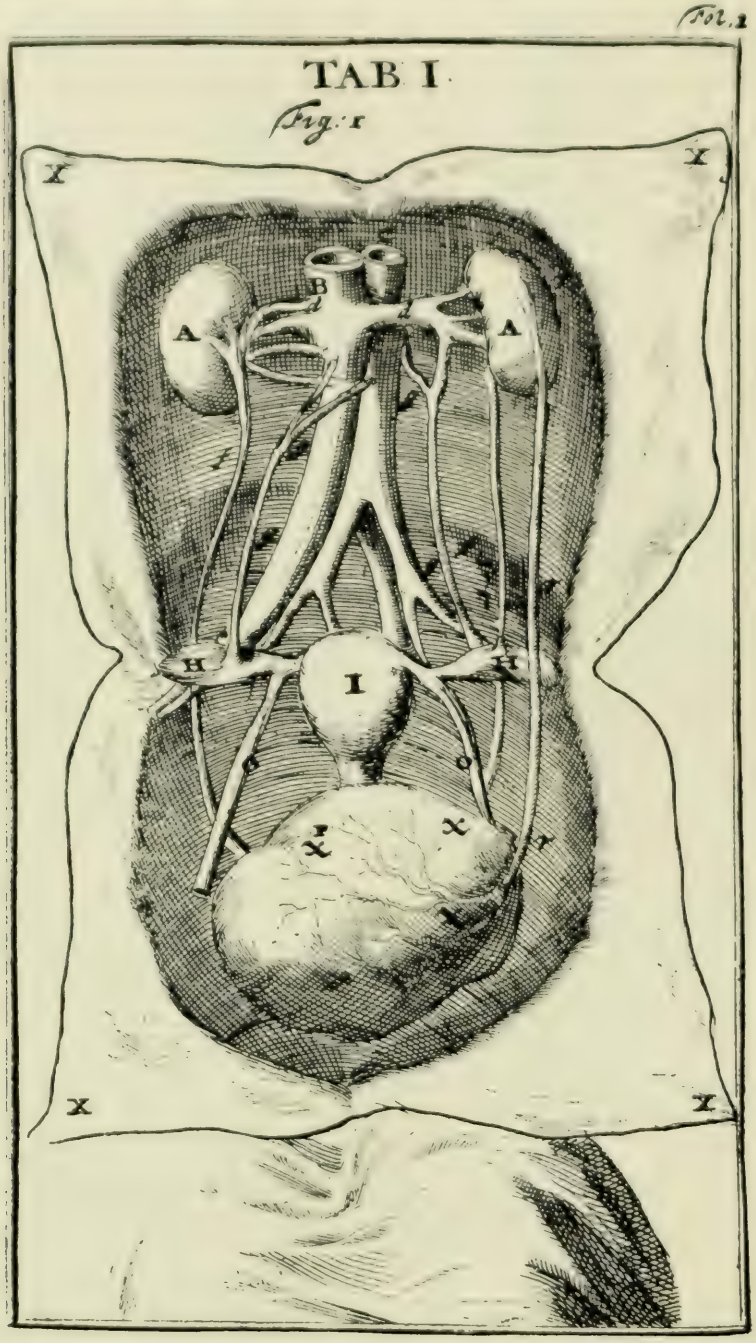

FIG. 2.—Lamzweerde's case of a nutrition mole of the uterus.

merchant, who thought she was several months pregnant but afterwards began to doubt this. Finally, after a year had passed, she succeeded by the use of certain remedies in expelling

a bloody mole, that seemed as if filled with many eyes, was round, and was larger than the palm of the hand. (See Fig. 4.)

Another even more remarkable story is that ascribed to Philip Salmuth. A woman, apparently at the conclusion of a normal gestation, gave birth to five living rats, that slipped from out the womb between the hands of the attending midwife, and, according to the habit of rats, ran to the cabinet (*hypocaustum*). Four of them were instantly killed by the attendants. The fifth being caught in the corner of the wall was pounced upon by a cat that happened to be about, and was quickly devoured.

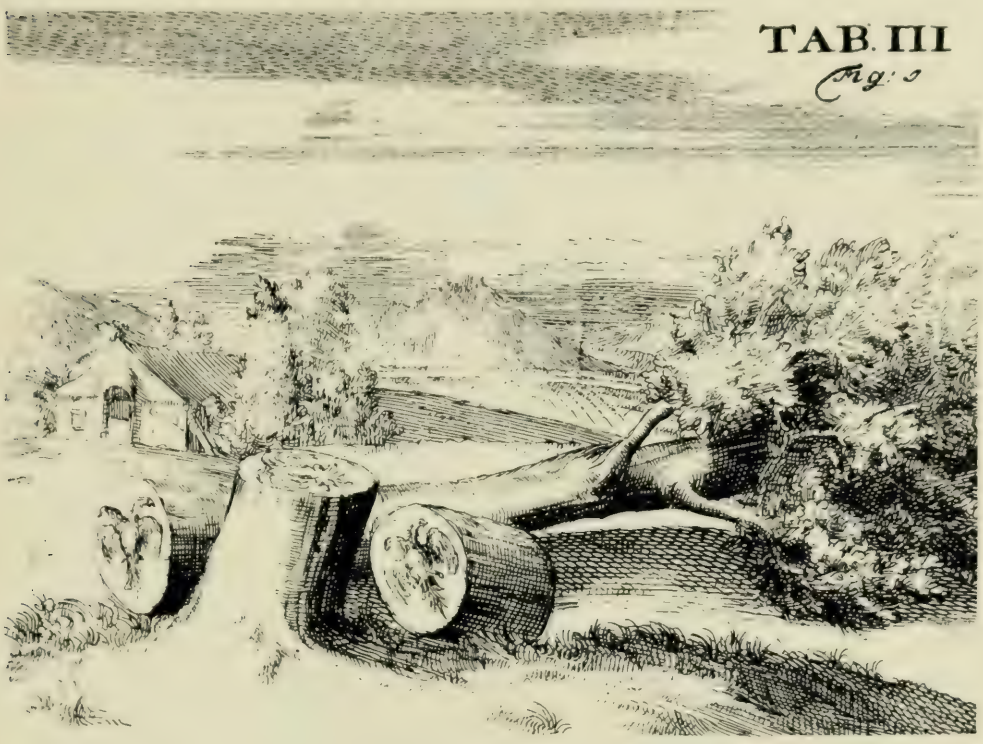

FIG. 3.—Illustrative of the way in which the human seed bears the impress of its parentage. (Lamzweerde.)

Thereupon the cat became crazy, and jumping on the bed of the woman who had just been confined, scratched her. Nor did she desist until she too had been beaten to death by those present. In corroboration of this story he concludes with: "and this deed occurred in Sienna in the year 1596." (See Fig. 1.)

As to the method of treatment, Lamzweerde cites the experiences of Harvey (*magnus Harvæus*), he calls him, who removed mole pregnancies by surgical means, using a delicate silver instrument for the purpose. Several women were saved by opening the internal os of the uterus and allowing the putrid

and evil smelling material within to flow out. So terrible was the character of this material that no internal medication would have been of any avail against it. Hence Lamzweerde favors surgical interference rather than drugs for these cases.

FIG. 4.—Showing the various kinds of deformed embryos to be found in mole pregnancy. (Lamzweerde.)

Regarding the possibility of a virgin conceiving a true mole without sexual intercourse, he concludes that this is impossible. Nor can a widow, after the death of her husband, by virtue of

elements still remaining within her from him, produce moles. Nor can virgins or widows by mere force of the imagination produce these objects. Another chapter considers whether a virgin or a widow, from bathing in the same tub or sleeping in the same bed that a man had bathed or slept in, could contract such a mole. A concluding section, taking up much ecclesiastical evidence, considers whether these moles may originate from the devil. The answers are always in the negative.

In the "Maladie des Femmes" of Mauriceau, published in 1712, we find a chapter of eight pages treating *De la Mole et du Faux-germe*. "The mole is nothing more," writes he, "than a fleshy mass without bones, without joints, and without distinct limbs, that has no true form or regular figure, and following coitus is engendered in the womb contrary to nature from the impaired seed of the man and woman. It is absolutely certain that woman cannot give birth to moles unless she has had sexual intercourse, for the two seeds are as necessary for this as they are for true conception."

He gives, in observation No. 377, a very accurate description of a hydatid mole and then continues: "Certain visionary doctors, having examined this mass of vesicles thought that these same vesicles could authorize their belief that conception took place in women by means of little eggs which detached themselves from the testicles and entered the uterus by some way at present unknown to us. But the arrangement and excessive number of these vesicles show the error of this chimerical hypothesis, I believe. The formation of this strange body happened in this case because of some indisposition that occurred to her during the weeks that she conceived, and this indisposition interfered with that divine arrangement which puts each part in its proper place. Hence there was formed only this chaos of simple vesicles." He further believed that one of the main factors in the formation of moles was too frequent intercourse, the seed thereby becoming enfeebled and the resulting organism imperfectly formed.

Friedrich Ruysch, who for sixty-five years was Professor of Anatomy at Amsterdam, dying in 1721, taught that moles might also be formed from portions of placenta. Such pieces might be retained for months without injuring the woman, and by the pressure of the uterus be made to assume a globular shape and a hard fleshy consistency. Occasionally these placental

pieces might degenerate into bunches of hydatids or innumerable vesicles.

Toward the latter half of the eighteenth century there were many who wrote upon the subject of mole formation. Van Swieten and Noortwyk, in Holland; Apel, Voigt, Rickmann, Kaltschmied, Berger, and Roederer, in Germany; Smellie, in England; and many others might be mentioned. I was able to obtain a copy of Voigt's "De Mola seu Conceptu Fatuo," published in 1761, and Rickmann's pamphlet, "Programma quo vera molarum theoria explicatur," published in 1769. Voigt gives a rather complete bibliography, but adds nothing new. Rickmann emphasizes with what frequency there are found in these moles minute deformed and often partly liquefied embryos, out of all proportion to the duration of the pregnancy.

Baudelocque, writing at the end of the eighteenth century, included the hydatids among the moles, saying that moles sometimes are spongy, like the placenta, and at other times are formed of a collection of little bladders filled with water. Some ignorant women believed as a consequence of their shape that they had been delivered of a branch of a gooseberry tree or a bunch of grapes, and that these productions were the effects of certain longings in the early periods of pregnancy which they were not able to satisfy. As to the blood moles, Baudelocque relates that they rarely contain any fluid, and are often so dried up that scarcely a drop of blood can be squeezed from them. They are generally retained for three to four months, sometimes, however, to the sixth month and even longer.

Gregorini's description of a hydatid mole with well-developed fetus, in 1795, is of a special interest inasmuch as it includes the report of an autopsy by Meckel on a patient who had had a hydatid mole and subsequently, to judge by the description, developed a metastatic syncytioma. The latter was interpreted as a malignant tumor independent of the mole.

In 1819, Bremser suggested that the cause of hydatid mole was a parasitic one. The vesicles were in reality pseudohelminthia. Two French authors, Percy (1811), and Cloquet (1822), interpreted them as worms and called them *Acephelocystis Racemosa*. But Madame Boivin (1827), who gave a very good illustration of a hydatid mole, together with other writers, refuted these assumptions.

On the more recent history of moles I will not dwell except

to say that Virchow's interpretation of the hydatid form as a true neoplasm, a myxoma of the chorion, was for many years accepted as true, until the work of Marchand and L. Fraenkel clearly showed that the proliferation of the fetal epithelium was primarily responsible for its formation.

The subject of blood-moles and retained abortions has also received much attention. Pernice in 1853 gave a very clear picture of a form of mole associated with polypoid hematomata, and Breus in 1892 described this form as the tuberous subchorial hematoma of the decidua. Whether it deserves to be grouped as a separate class of moles is a question still under discussion.

To review in a few words: Hippocrates with amazing insight expressed views on moles that practically coincide with modern conceptions. Certainly his interpretation of hydatid moles as a degeneration of the fetal membranes was most up-to-date. Then for centuries no advance was made until the Renaissance when observations began to be recorded more carefully. Lamzweerde did valuable work in clearing our ideas from the cobweb of superstition that clung about them. When we come to Tulpius and Mauriceau, the value of extensive clinical observation becomes apparent, but ignorance of the processes of reproduction led to many wrong hypotheses. Hydatid moles were classed as hydrops of the uterus. Even more ridiculous was the more recent view classing them as worms. Modern pathology, with Virchow as the leader, finally gave us some insight into the true etiology of these products of gestation.

DOCTORS OF SAMUEL JOHNSON AND HIS COURT.

(Concluded.)

By James P. Warbasse, M.D.,

Brooklyn-New York.

Thomas Sydenham, M.D., M.R.C.P., (1624-1689), was much admired by Samuel Johnson for the evidences of classical learning displayed in his writings. This cultured man studied at Oxford and received his bachelor's degree of medicine in 1648. When Oxford became a garrison for Charles I., Sydenham left on account of his anti-royalist sentiments, and joined the army of the Parliament, in which he became

THOMAS SYDENHAM

a captain. He returned to London to practice, against the protestations of his friends, while the plague was still present. He studied more of medicine at Montpellier, and became a member of the Royal College of Physicians in 1663. His great work, "Medical Observations" first appeared in 1666.

Sydenham was perhaps the most scientific mind in the medical profession of his time. He was not given to abstract theories, but founded his teaching and practice upon observation and experience. *He recognized the healing power of nature, the self-limiting tendency of diseases, and saw in disease*

an effort of the body to eliminate morbid materials. His was the triumph of sound judgment over vague hypotheses. Perhaps no single physician exerted so beneficial an influence over the practice of medicine. His very graphic treatise on the gout he composed while suffering with that disease so severely that he was unable to hold a pen.

He is buried in the aisle near the south door of the Church of St. James, in Westminster. "The Life of Sydenham," by Samuel Johnson, lays medicine under an obligation to the great lexicographer.

Thomas Sydenham and John Locke were not only close friends, but they were of so much service to one another that each made a decided impression upon the other's work and writings. Locke, the founder of analytical mental philosophy, and Sydenham, the founder of practical philosophy as applied to medical knowledge, were so close that Dr. John Brown made them the combined subject of a delightful biographical essay. It was Locke who designated Sydenham as "one of the master-builders in the commonwealth of learning."

John Brown said: "Sydenham, the prince of practical physicians, whose character is as beautiful and as genuinely English as his name, did for his art what Locke did for the philosophy of mind—he made it, in the main, observational; he made knowledge a means, not an end."

Herman Boerhaave, M.D. (1668-1738), the most eminent medical man of continental Europe of his time, was born near Leyden. He was one of thirteen children. He studied all of the branches of learning with much diligence, and because he found that certain theological doctrines were not conformable to his understanding, he cast his interest with medicine. He was intended for the clergy, and his brother for medicine. One day Herman was returning from a neighboring town in a passenger boat, when one of the passengers began an harangue with great violence against Benedict Spinoza, whose great work had recently been published in Leyden. Observing Boerhaave in the dress of a divinity student, the truculent controversialist expected his sympathy and support, but Boerhaave having discovered that the declaimer was speaking beyond his understanding, instead of joining him in his abuse of Spinoza, calmly asked him if he had read Spinoza's works. He replied that he "had not, and should

esteem it wicked to look even into them." "How then," returned Boerhaave, "can you pretend to judge them?" This silenced the stranger, but it was immediately reported over Leyden that Boerhaave had turned Spinosist. In consequence of this report, he found it impossible to seek promotion in the Church, and accordingly he was glad to induce his brother to exchange studies with him.

He applied himself to chemistry, botany, anatomy and medicine, graduating in 1693. A professorship in medicine at Leyden followed. He was one of the founders of clinical

teaching. Though the resources of the hospital at Leyden were small, the great talents of this man drew to it students from all parts of Europe. He gave separate lectures upon ophthalmology, and was the first to employ the magnifying glass in examining the eye. His rare learning and skill attracted not only students but patients from far and near. A letter from a Chinese official addressed "To the Most Famous Physician in Europe" reached him.

He was a man of simplicity, dignity, and purity of character. "Simplicity is the seal of truth" was his maxim. His benevolence was as broad as his wisdom, treating the rich and the poor alike. He required Peter the Great to await his turn to consult him, causing the monarch to spend several hours before he could receive attention. "The Life of Boerhaave," written by Samuel Johnson (1739), displays his "love of chymistry which never forsook him." He died at the age of seventy, rich with honors.

Sir Alexander Dick, M.D., born in 1703, was a physician of Prestonfield. He became President of the College of Physicians of Edinburgh. When Johnson was seventy-five years old, and suffering his last illness, he wrote to Boswell at Edinburgh, describing his symptoms, and requesting that Boswell ask "our physicians" about his case. Sir Alexander was first consulted. He wrote out his opinion, and it was transmitted to Johnson. "That very amiable Baronet" was then in his eighty-first year, president of the College of Physicians of Edinburgh, and "with his faculties as entire as ever." In the note accompanying the opinion Sir Alexander expressed himself to Boswell, "With my most affectionate wishes for Dr. Johnson's recovery, in which his friends, his country, and all mankind have so deep a stake."

It was at this time that the opinion of Dr. Gillespie was also secured. Some light is thrown upon the not uncommon treatment *in absentio,* which was practiced at that time, by Johnson's response to these opinions:

"Presently after I had sent away my last letter, I received your kind medical packet. I am very much obliged both to you and to your physicians for your kind attention to my disease. Dr. Gillespie has sent me an excellent *consilium medicum,* all solid practical experimental knowledge. I am at present, in the opinion of my physicians (Dr. Heberden and Dr. Brocklesby), as well as my own, going on very hopefully. I have just begun to take vinegar of squills. The powder hurt my stomach so much that it could not be continued.

"Return Sir Alexander Dick my sincere thanks for his kind letter, but bring with you the rhubarb which he so tenderly offers me."

Sir Alexander Dick cultivated rhubarb so successfully in his garden at Prestonfield that he was presented with a gold medal by the Society of London for the Encouragement of Arts, Manufactures, and Commerce. He was also interested in horticulture. He planted trees, of which, he said, "It is now fifty years ago, and the trees, now in my seventy-fourth year, I look up to with reverence, and shew them to my eldest son, now in

his fifteenth year." Johnson said, "Sir Alexander Dick is the only Scotchman liberal enough not to be angry that I could not find trees, where trees are not."

Dr. Gillespie was another Scotchman who was requested to send his opinion of Johnson's case to Boswell.

Dr. Gaubius (1705-1780) was Professor at Leyden. He was physician to the Prince of Orange, and is mentioned by Goldsmith after his return from Leyden. The men of this period who studied at Leyden mention Gaubius with much regard, and he was inferior only to Boerhaave himself in his fame as a teacher. He taught many branches of medicine, among which were pathology and chemistry.

Dr. Hope, Professor in the Edinburgh School of Medicine, was consulted by Boswell for Johnson in his last illness.

Mr. Barret, the surgeon at Bristol whom Johnson called upon, was interested in literature and poetry.

Sir Edward Barry, Bart, M.D., F.R.S. (1696-1776), was a peculiar man who enjoyed considerable success in Dublin. When he was physician general to the army, and professor of physic in the University, he came to London to practice, but his peculiar views seemed to militate against his success. Boswell gives us Johnson's discussion of Barry's views on pulsation, which were to the effect that the bodily pulsations caused a wearing away of the body. He was the author of a "System of Physick."

Mr. Belchier, the surgeon, is also referred to. (*Vide* Oldfield.)

John Oldfield, M.D., F.R.C.P. (1717-1748), was one of the physicians to Guy's Hospital. Of him Johnson said, "There was a Dr. Oldfield who was always talking of the Duke of Marlborough. He came into a coffee house one day, and told that his Grace had spoken in the house for half an hour. 'Did he, indeed, speak for half an hour?' said Belchier, the surgeon. 'Yes.' 'And what did he say of Dr. Oldfield?' 'Nothing.' 'Why, then, Sir, he was very ungrateful, for Dr. Oldfield could not have spoken for a quarter of an hour without saying something of him.' "

Thomas Gisborne, M.D., F.R.C.P., was physician to his Majesty's household and ten times elected president of the Royal College of Physicians.

Dr. Inyon, of Pulham, Norfolk, was a physician and clas-

sical scholar, and author of an elegant epigram in Latin, published in the *Gentleman's Magazine*, 1743, in reply to an ode by Johnson.

Joseph Nathanael Ford, M.D., was an eminent physician and brother of Johnson's mother. He was the father of the Rev. Mr. Ford, a licentious parson, who was said to be the original of the parson in Hogarth's "Modern Midnight Conversation."

George Fordyce, M.D., F.R.C.P. (1736-1802), was an intimate of Johnson's and a member of the Literary Club. He was a man of much learning and culture, and the possessor of an excellent collection of pictures. He was senior physician to St. Thomas' Hospital, and founder with John Hunter of the Society for the Improvement of Medical and Chirurgical Knowledge and the London Medical Lyceum. He lectured on chemistry, materia medica and practice of medicine three consecutive hours, from seven to ten, six times weekly, and was one of the most popular medical teachers in London. At four o'clock each day, for more than twenty years, he sat down to dinner—his only meal of the day—at Dolly's in Paternoster Row. He was always too busy with what he regarded as more profitable pursuits to develop much medical practice.

Dr. Swinfern was a well-known physician at Litchfield. When Johnson was a young man he became much distressed concerning his morbid feelings, and wrote a statement of his case in Latin with which he applied to Dr. Swinfern for relief. The doctor was so impressed with the acuteness of observation displayed and the elegance of the Latin that he showed this case history to several of his friends and thereby incurred the everlasting enmity of Johnson.

Sir Thomas Browne (1605-1682) is best known as the author of the "Religio Medici"; and he comes within the scope of these biographical notes because of the fact that his life was written by Samuel Johnson and published in 1756 as a prefix to an edition of his "Christian Morals."

He was the son of a respected London merchant. At the age of eighteen we find him entering Pembroke College, Oxford, where he took the degree of Master of Arts. He then turned his attention to medicine and entered upon practice at Oxfordshire. In the meantime his father had died, and his mother married Sir Thomas Dutton, who started the young man on a tour of travel and study which lasted some two years. He visited

Ireland, and thence he passed to France, Italy and Holland. He studied at Montpellier, Padua and at the University of Leyden, taking the degree of Doctor of Medicine at the latter place. In his travels he learned much more of humanity than of medicine, and broadened his culture beyond the possibilities of Oxford. In these catholic countries he learned charity though remaining a protestant. "I can dispense with my hat at the sight of the cross, but scarce with the thought of my Saviour."

Returning to London in 1634 he was able to declare that he

SIR THOMAS BROWNE

understood six languages. He settled at Shibden Hall, near Halifax, and before he was thirty he had written the "Religio Medici." This work he had probably been engaged upon for several years, setting it down in the form of notes and memoranda, presumably not for publication but at "leisurable hours for his private exercises and satisfaction." It circulated in manuscript form among his friends, during which time several copies were transcribed. One of these copies, with many inaccuracies, found its way to a printer and appeared as an anonymous publication. Up until 1905 sixty editions of this work had appeared—45

English and 15 foreign.* During Browne's life twenty-three editions appeared in print—thirteen English and ten foreign, the latter being in Latin, Dutch, French, and German. The work was also translated into High Dutch and Italian. This gives one an idea of the esteem in which the "Religio Medici" was held, yet the author was responsible for but one of these publications, and put his name to but one. He did not correct the numerous errata, excepting in the edition of 1643, and while many of the editions bore the legend "Corrected and Amended," Thomas Browne had not put his pen to them. It seems evident that the author felt that his friends had stolen from him this work which he had written only for himself and them, and placed it in the mercenary hands of the publishers and printers. Late in life he alluded to it simply as "a piece of mine published long ago." There are at least five manuscripts of this work in existence, all presenting minor differences.

Of this book Johnson said, "It excited by the novelty of paradoxes, the dignity of sentiment, the quick succession of images, the multitudes of abstrusive allusions, subtility of disquisition, and the strength of language." The German critic Tobias Wagner said that "the seeds of atheistic impiety were so scattered throughout Browne's book that it could hardly be read without danger of infection," although if Johnson made no such criticism, it must have seemed well within the fold of orthodoxy. Still many adverse criticisms emanted from orthodox sources, and the book was placed upon the "Index," Browne always contending that he was strictly within the fold of the English Church and a good Protestant. He says: "I am a born subject, and, therefore, in a double obligation to observe her constitutions; whatever is beyond, as points indifferent, I observe according to the rules of my private reason, or the humor and fashion of my devotion—neither believing this because Luther affirmed it, or disproving that because Calvin hath disavouched it; I condemn not all things in the council of Trent, nor approve all in the synod of Dort. In brief, where the Scripture is silent the Church is my text; where that speaks, 'tis but my covenant; where there is a joint silence of both, I borrow not the rules of my religion from Rome or Geneva, but the dictates of my own reason."

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* For a complete bibliography of the "Religio Medici," see MEDICAL LIBRARY AND HISTORICAL JOURNAL, October, 1905, page 264.

Here is another sample of Browne's style: "There are a bundle of curiosities not only in philosophy but in divinity, proposed and discussed by men of supposed ability, which, indeed, are not worthy our vacant hours, much less our serious studies. 'Tis ridiculous to put off or down the general flood of Noah in that particular inundation of Deucalion; that there was a deluge seems not to me so great a miracle as that there is not one always."

Browne settled in Norwich in 1636, and in 1637 was made Doctor of Physic in the University of Oxford. He married, in 1641, "a lady of such symmetrical proportion to her worthy husband, both in the graces of her body and mind, that they seemed to come together by a kind of natural magnetism." They lived in happiness for forty years—he and dame Dorothy. Ten children added to their joys. The elder son, Edward, had a distinguished career and became President of the Royal College of Physicians and physician to St. Bartholomew's Hospital.

Thomas Browne practiced his profession faithfully for forty-five years, and interested himself in the collateral sciences and in literature. He was devoted to his family, and we have preserved some of his domestic correspondence giving a delightful glimpse into his family life (Browne's Works in four volumes, edited by Senior Wilkin, F.L.S., 1835. London. W. Pickering). He was knighted by Charles II in 1671. He was a well rounded man, prudent, generous, and well balanced. "He was never seen to be transported with mirth or dejected with sadness. His gravity was natural without affectation."

Of his works we have been most interested in his "Religio Medici," but some of his other writings are quite as worthy of consideration. In 1646 he published "Pseudodoxia Epidemica or Enquiries into very many received Tenets, and commonly presumed Truths," a work displaying extraordinary erudition. In 1658 appeared "Hydriotaphia," being upon "urne-burial, or a discourse upon the sepulchral urnes lately found at Norfolk." This deals most learnedly with the burial customs of all peoples and the philosophy of this subject, and refers to the adornments of cemeterial cells as "sweetening our habitations in the land of moles and pismires." He says, "There is no antidote against the opinion of time which temporarily considereth all things. Our fathers find their graves in our short memories, and sadly tell us how we may be buried in our survivor's." He also wrote a treatise entitled, "The Garden of Cyrus, or the Quincunxical Lozenge." His "Christian Morals" was prized so highly by

Johnson that it prompted him to write a biography of the author.

Sir Thomas Browne died at the age of seventy-seven, upon his birthday October 19, 1682, and was buried at the church of St. Peter Mancroft, Norwich. Curiously in his "Letter to a Friend," written some time before, he says that it seems a remarkable coincidence "in persons who outlive many years, and when there are no less than three hundred and sixty-five days to determine their lives every year—that the first day should make the last, that the tail of the snake should return into its mouth precisely at that time, and they should wind up upon the day of their nativity."

It was Browne who said, "Who knows the fate of his bones or how often he is to be buried? Who hath the oracle of his ashes, or whither they are to be scattered." In the "Hydriotaphia" we find this sentiment: "To be knaved out of our graves—to have our skulls made drinking bowls, and our bones turned into pipes, to delight and sport our enemies—are tragical abominations escaped in burning burials." Yet, after his bones had rested for more than a century and a half in the church at Norwich, the sexton, in making a grave near by, in some unexplained way broke the coffin of Sir Thomas Browne and exposed the skeleton. The skull was removed and offered for sale, and was bought by Dr. Edward Lubbock, who in 1845 deposited it in the Museum of the Norfolk and Norwich Hospital where it now reposes under a glass case, in a good state of preservation. Here may be reverently viewed by all the case of the brain of the great medical philosopher who wrote more learnedly and tenderly than any other man upon the mutations of time and the instability of monuments to the dead.

Joshua Ward was "a celebrated and irregular practitioner of physic" who began practice about 1733. He was the dullest man that Johnson ever knew. He was the most famous nostrum monger of his time, and was known as "Spot" Ward from a mark on his face. In appearance he was a fat, heavy man, who went about in a showy open coach drawn by four horses. He was called to administer his "essence" to George II for headache. Upon leaving he did not back out of the King's presence according to custom, and when remonstrated with said, "that it was of no consequence to the King to see his back, but much consequence to him and the poor not to break his neck." He had an allowance from the King to treat the poor. The King furnished sumptuous apartments

for this work, and Ward gave medicines to the poor which the King paid for. He made much money out of the manufacture of oil of vitriol and died in 1761.

Dr. Thompson, referred to by Boswell, was one of the many London practitioners who enjoy a short-lived reputation, acquired by methods best known to themselves. Like many of the kind at the present time he enjoyed the con-

CONSULTATION OF PHYSICIANS.

The above picture, also known as "The Undertakers' Arms," by Hogarth, shows a consultation of big-wigs with their gold-headed canes. The central figure of those outside the pale is that of "Crazy Sally," or "Mother Mapp, the bone-setter." On her right is seen "Spot" Ward (as he was called), and on her left, the celebrated Chevalier Taylor.

fidence of many men of prominence. Such men as Fielding, Pope and Lord Melcombe were his patrons. They were deceived by his confidence in himself, and a superior contempt with which he always spoke of the rest of the medical profession. They looked upon him as a genius who had reduced the healing art to an epitome.

Notwithstanding the great advantage of blowing his own trumpet and having others blow it for him, and the extravagant enconiums heaped upon him by Fielding and others, this bombastic pretender sank into contempt and obscurity, and soon disappeared from London medicine.

John Hill, M.D. (1716-1775), was a literary man and a medical quack, of whom Garrick said,

> "For physic and farces, his equal there scarce is,
> His farces are physic, his physic a farce is."

In 1767 Johnson met the King in the library at the Queen's house. We may judge to what a degree of notoriety Hill had attained by the fact that in the course of the catechising of Johnson, the King asked him what he thought of Dr. Hill. Johnson replied that he was an ingenious man but had no veracity, and mentioned as an illustration that Hill had asserted that he had seen objects magnified to a much greater degree by using three or four microscopes at a time than by using one. "Now," added Johnson, "everyone acquainted with microscopes knows that the more of them he looks through the less the object will appear." "Why," replied the King, "this is not only telling an untruth, but telling it clumsily, for, if that be the case, every one who can look through a microscope will be able to detect him." Johnson then realizing that he had deprecated in the presence of the King one of his subjects, attempted to make amends, and added that "Dr. Hill was a very curious observer, and if he would have been contented to tell the world no more than he knew, he might have been a very considerable man, and needed not to have recourse to such mean expedients to raise his reputation." All of which goes to show that possibly Hill knew more of the microscope than Johnson or the King, and that to make excuses for a man often does him more damage than good.

John Taylor, "The Chevalier of Whitworth," was a celebrated quack and oculist. "Taylor," said Johnson, "was the most ignorant man I ever knew, but sprightly! He was an example of how far impudence could carry ignorance." He once challenged Johnson to talk Latin with him. He was called to see the Bishop of Durham to meet in consultation with several physicians who objected to meeting him. John Hunter said that he had no objections to meet anybody who needed enlightenment, and met him accordingly.

Taylor was an itinerant oculist. He styled himself "Oculist to the King of Great Britain" (George II). He also abrogated to himself other high sounding titles, such as "Papal Oculist," "Ducal Oculist," "Court Oculist," and "Chevalier." In the *Mercury of France,* June, 1737, appeared the following: "Dr. Taylor, oculist to the King of Great Britain, has just arrived in Paris, at the London Hotel, Rue Dauphine, where he proposes to remain till the beginning of July, after which he will leave for Spain. He requested us to publish the discoveries he has made of straightening squint eyes by a slight and almost painless operation, and without fear of accident." (Walton, "Diseases of the Eye," p. 366). This man published a little pamphlet entitled, "De Vera Causa Strabismi," which he distributed on his journeys. He was the first to write upon this operation. Le Cat, who saw Taylor operate, has described him graphically. (Lucien Boyer, "Recherches sur l'Operation du Strabisme," 1842). He was a charlatan but still a very capable and widely experienced oculist. (For a picture of Taylor see "A Treatise on the Motor Apparatus of the Eyes," by G. T. Stevens. F. A. Davis Co., 1906, p. 26.)

These are the apostles of medicine whom Mr. Boswell, the faithful chronicler, has mentioned. They are by no means all of the contemporary doctors of Johnson's time. Missing from this group of noteworthy names are Abernethy, Baillie, Bell, Cheselden, Cline, Cooper, Pettigrew, Pitcairn, Sandys, Smellie, Erasmus Darwin, Pringle, Fothergill, Dover, Sir Samuel Garth, Tobias Smollett, Wolcot, George Crabbe, James Currie, and many others.

We have only taken a little glimpse into the lives of those men, mentioned by the chronicler, who have in some measure shaped the course of the art and science of medicine.

DISEASES OF GREAT PHYSICIANS OF THE PAST.*

By William Pepper, M. D.

Assistant Professor of Clinical Pathology, University of Pennsylvania, Philadelphia, Pa.

"TO learn to dye is better than to study the ways of dying" wrote Sir Thomas Browne, the author of "Religio Medici," in his "Christian Morals" and most will, I think, agree with him; but we are, notwithstanding, gathered to-night to study the ways of dying; the ways our great masters have died. But, if we read between the lines, there must come to us a lesson whereby we may learn, following their example, how ourselves to die when die we must. For throughout all the stories I have read in preparing this paper, the one thing above all others that has impressed me most was the heroic courage shown in the face of absolute certain medical knowledge, by these our own great worthies when their time had come, their devotion to duty, their fearlessness of death, their unwillingness to give up their work until they dropped in their tracks or died in their harness. It is not, however, my intent to preach a sermon nor to draw too pointed a moral. I care not to seem morose nor to add to the seriousness of our rather gloomy topic of discussion, so if I interlard my obituary notices with a few anecdotes, it is but to lighten the dark and musty pages of medical history and to make my remarks a little less tiresome. Little that I could find has been collected about the diseases and causes of death of eminent physicians, so that all my material has been culled, largely verbatim, from biographical notices, works on medical biography and medical histories.

The time was too short to ascertain the disease of every celebrated physician; my time to-night would have been too short to read it had I done so. I did not care to write a statistical paper that would have made the subject even less interesting, and so I have taken here and there an example from various ages, from many different kinds of physicians and from men showing different kinds of diseases. I have omitted many celebrated names when nothing of much interest presented itself in their history.

It is almost impossible to draw any conclusions as to the

*A paper read before the Philadelphia County Medical Society, December 11, 1907, at a Symposium on Diseases of Physicians.

commonest form of disease in the physicians whose names I will mention, as it is often only in those cases where men have suffered from some interesting disease that the cause of death is given, so that very erroneous statistics could be formed. Some sort of classification, however, seemed necessary, so I have divided them up into certain loose groups. The most interesting group includes those who have described diseases and have then suffered themselves from the same disease.

Lænnec, the discoverer of the stethoscope, fell a victim to a disease, the nature of which he had taken the pains to describe, pulmonary tuberculosis. *Lancisi* and *Corvisart* died of heart disease.

Broussais had cholera in 1832. He published a treatise on the cholera morbus epidemic of that year. He died of colitis hemorrhagica. An autopsy was held thirty-four hours after his death. The formation of gas was so great that the body was almost unrecognizable. (Bac. cap. aerog. of Welch?) A severe chronic proctitis was found.

John Arbuthnot, a celebrated wit and physician in the reign of Queen Anne and the friend of Pope, Swift and Gay, published among other papers "The Effects of Air on Human Bodies." He was apparently led to this by consideration of his own case, an asthma.

Antonio Scarpa, the surgical anatomist, in his last years, who had helped to restore so many to sight temporarily lost, himself became blind and died in 1832, aged eighty-seven years, during an attack of inflammation of the bladder. He had been Professor of Anatomy from his twenty-second to his sixty-sixth year.

Sir Benjamin Brodie, the great surgeon, died of cancer of the right shoulder joint. In more recent times *Mikulics* who wrote on cancer of the stomach himself fell a victim to this disease, and *Fowler,* of Brooklyn, wrote on and died of appendicitis.

An interesting case is that of *Näcke* who, I believe, is still living, who has written on merecismus and is himself a sufferer from it.

Joseph Everett Dutton, discoverer of the trypanosoma gambiense, died in the Congo in 1905 at the age of twenty-nine. He had contracted the sleeping sickness, attributing his infection to a post-mortem wound.

Müller of Vienna died of the bubonic plague which he was studying in the laboratory.

Dr. Jesse W. Lazear died of yellow fever; on his memorial

tablet are the words, "With more than the courage and devotion of the soldier he risked and lost his life to show how a fearful pestilence is communicated and how its ravages may be prevented."

There is an oft-quoted anecdote that *Dr. Guillotin,* the inventor of the guillotine had his own head chopped off. It is, however, unfortunately untrue.

Another group might well contain the names of those who have fallen victims to various diseases or accidents in the line of their duty.

Andreas Vesalius was cast by a storm on a desert island where he died. The occasion of his voyage to Jerusalem, it is said, was this: having a Spanish gentleman under cure who after some time appeared to him to be really dead, he asked his friend's leave to open him, which being granted, he no sooner applied the knife to the body than he observed some signs of life, and having opened his breast, saw his heart beat. The man naturally enough died and Vesalius nearly forfeited his own life in consequence. The King of Spain, however, saved his life on condition that he make a pilgrimage to the Holy Land.

William Hewson, partner of William Hunter and ancestor of the Hewsons of this city, died in his thirty-fifth year from what we should now call septic fever, the result of a dissection wound.

Dupuytren, the most famous French surgeon of the last century, while lecturing suddenly felt his mouth deviate to the right, his right cheek lifted by the column of air which escaped from his chest; he tried to close his eyelid on the right side and could not, the eye remained open. At this sign he recognized that he had a stroke of apoplexy. With the thought that the paralysis would spread to the arm and leg, nevertheless he continued. Articulation became difficult, but he remedied this by holding his paralyzed check with his hand and thus finished his lecture. The paralysis limited itself, however, to the facial nerves. He later had a pleural effusion on the right side, œdema of the legs and nephritic colic with the passage of gravel. Paracentesis of the abdomen was performed. He died of an empyema, refusing to submit to an operation. "He would," he said, "rather end his life through God's hand than that of a surgeon."

A number of distinguished physicians have been great sufferers from the gout.

William Hunter never retired from practice although much tormented by gout in his later years. He continued most per-

serveringly, both in his practice and in his lectures, notwithstanding his augmented sufferings until on the fifteenth of March, 1783, he was almost prostrated. On the twentieth, however, he would deliver his lecture introductory to the Operations of Surgery, notwithstanding the dissuasions of his friends. Towards the end of his lecture he fainted and had to be carried to bed by two servants. In the following night he had an attack of partial paralysis from which he did not rally. During his illness he said to his friend, Mr. Combe, "If I had strength enough to hold a pen, I would write how easy and pleasant a thing it is to die." He died on the thirteenth of March, 1783, in his sixty-fifth year.

Of *William Harvey,* Aubrey says that he was much and often troubled with the gout and his way of cure was this: He would sit with his legs bare, though it were frost, on the leads of Cockaine House and put them into a pail of water till he was almost dead with cold, then betake himself to his stove, and so 'twas gone. The account given of his death is as follows: On the morning of the day of his death, about ten o'clock he went to speak and found he had the "dead palsy" in his tongue. He knew there were then no hopes of his recovery, so presently he sent for his young nephews to come up to him, to whom he gave to one the minute watch with which he had made his experiments, to another his signet ring, and to another some other remembrance. He then made signs to Sambroke, his apothecary in Blackfriars, to let him blood in the tongue which did him little or no good, and so ended his days, dying in the evening of the day on which he was stricken, "the palsy" as Aubrey has it, "giving him an easy passport."

D'Arcy Power says, "It would appear from this account that Harvey died of a cerebral hemorrhage from vessels long injured by gout and situated rather at the base or internal parts of the brain than in the frontal lobes. The copy of the death mask shows the left eye more widely open than the right, whilst the furrows on the right side of the face are much more marked than those on the left side." Harvey's age at death was seventy-nine years.

Dominic John Corrigan, of Dublin, suffered severely from gout in his later years and died after an attack of paralysis.

About three weeks ago, at a meeting of the Section of Medical History of the College of Physicians, I read a paper on "Benjamin Franklin as a Physician," so you will pardon my including him in this list. He suffered from gout and a stone in

the bladder for years. In a letter to his friend George Whatley he says in part, "I must agree with you that the gout is bad and that the stone is worse. I am happy in not having them both together and I join in your prayer that you may live till you die without either and further I like better the concluding sentiment in the old song call'd 'The Old Man's Wish,' wherein, after wishing for a warm house in a country town, an easy horse, some good old authors, ingenious and cheerful companions, a pudding on Sundays, with stout ale and a bottle of Burgundy, &c. &c. in separate Stanzas, each ending with this burthen,

> 'May I govern my Passions with an absolute sway,
> Grow wiser and better as my strength wears away,
> Without Gout or Stone, by a gentle Decay.'

But what signifies our Wishing? Things happen, after all, as they will happen. I have sung that wishing song a thousand times, when I was young, and find, at Fourscore, that the three Contraries have befallen me, being subject to the Gout and the Stone, and not being, yet Master of all my Passions. Like the proud girl in my Country, who wished and resolved not to marry a Parson, nor a Presbyterian, nor an Irishman; and at length found herself married to an 'Irish Presbyterian Parson.'

In another letter to Jean-Baptiste le Roy, he says, "I have sometimes wished I had brought with me from France a balloon sufficiently large to raise me from the ground. In my malady it would have been the most easy carriage for me, being led by a string held by a man walking on the ground."

Near his death he said that he suffered from three incurable diseases, the gout, the stone and old age.

The immediate cause of his death was an abscess of the lung.

The elder *Scaliger, Jerome Cardan* and *Sydenham* were notably terrible sufferers from this disease. Sydenham, said, "More wise men than fools are victims of the affection."

Linnæus suffered from hemicrania and gout; he had two strokes of apoplexy and a severe ulceration of the bladder. He ate strawberries whenever he could get them as he found that they freed him from the gout.

Jacob Berzelius, the chemist, was a long suffering martyr to gout. Prof. William Ebstein, of Göttingen, has written a long article on his case, an extremly severe one. Berzelius suffered from periodic attacks of great mental depression in addition to the acuter symptoms for practically his whole life. He

died of a chronic myelitis secondary to his gout with paralysis of the bladder, bowel and lower extremities.

Thomas Sydenham began to suffer from gout before his thirtieth year and later to this was added the still more painful disease calculus. He was in the habit of drinking a little Canary wine every day to keep the gout from his bowels and to drink small beer to prevent hæmaturia.

Angina pectoris, that malady of hard work, has claimed its share of our profession and a few names could be grouped in this class.

Sir James Y. Simpson died of angina pectoris, so often the scourge of medical men, but he never relaxed work in the intervals until absolutely compelled to.

Sir Charles Bell in 1842, being much excited about some University affairs, set off from Edinburgh to London to try and straighten matters out. On the way he was seized with a spasm of the stomach so severe as to threaten his life. He hastened on towards London, but while at Manchester assisting at an operation, he thought he should be obliged to lie and roll on the carpet. He spent a day near Worchester and here remarked to his wife, "This is a novel spot, here I fain would rest till they come to take me away." Here he sketched an old yew tree, some sheep and the river, then two children and a donkey, and as he went back, he looked with his observant eye at every shrub, commented on the birds' notes and gathered up their feathers for his flies. After supper he talked of medical celebrities he had known, discussed engravings and remarked to his wife, "Did you ever see me happier or better than I have been all this forenoon?" yet he had been several times that day in imminent danger of death from angina pectoris. In the morning he awoke with a spasm which he said was caused by changing his position. His wife was rising to drop his laudanum for him, but calling her to him, he laid his head on her shoulder and there died.

John Hunter in 1767 by an exertion in dancing after the muscles of the leg were fatigued, broke the tendon Achilles. This led him to study experimentally in dogs the subject of broken tendons. He was also subject to attacks of gout. In 1773 he had his first attack of angina pectoris and from 1733 on, the attacks came on whenever he grew excited. Mental emotion is a very potent cause in bringing on attacks. John

Hunter appreciated this when he said that "his life was in the hands of any rascal who chose to annoy and tease him." In his case a fatal attack occurred during a fit of anger at St. George's Hospital at a meeting of the board. Some one contradicted him while he was talking; he stopped, walked into the next room and fell dead. The autopsy showed his heart to be wasted and diseased and his coronary arteries, mitral valves and aorta much ossified and diseased.

Osler remarks "that our profession has offered many examples of good work, thoroughly and conscientiously carried out, by men with aneurysm of the aorta who wisely, I think, preferred, as did the late Hilton Fagge, to die in the harness."

Dr. Thomas King Chambers first had an aneurysm in the left popliteal artery, eleven years later one in his right leg cured by pressure, and finally aneurysms of the carotid arteries.

Robert Liston, the surgeon whose hand and arm, it is said, might have furnished models for a Hercules and who would amputate a thigh single-handed without a tourniquet, compressing the artery with the left hand and do all the cutting and sawing with the right, died of aneurysm of the aorta which must have existed for years and been fostered by his great physical exertions, which characterized his recreation as well as his work.

Another group might include those who have suffered from apoplexy.

Pasteur on October 19, 1868, in his fortieth year, had a cerebral hemorrhage with paralysis of the entire left side, coming on in some twenty or thirty slight successive exacerbations, each a little more severe and only complete after twenty-four hours. A week later he dictated, while still in bed and desperately ill, a short scientific memorandum. He recovered almost entirely. Near the end of his life he had an attack of uremia with Cheyne-Stokes breathing; yet he got better temporarily, to die shortly afterwards of increasing paralysis at the age of sixty-seven.

Edward Jenner's latter years were made painful by extreme nervous sensitiveness and he had several attacks which foreboded death by apoplexy which ultimately occurred on the twenty-sixth of January, 1823.

Malpighi had two strokes of apoplexy, dying from the second.

William Cheselden, when sixty-four, had a paralytic seizure. He recovered, as it was thought, perfectly. On the tenth of April, 1752, being then at Bath, he partook, according to the news of the day, too heartily of ale and hot buns. Finding himself ill, he sent for a physician, who ordered an emetic; the advice was not followed and the death stroke this time fell sure.

John Syme, the great surgeon, born in Edinburgh, a rival of Liston and father-in-law of Lister, died after repeated attacks of paralysis.

The greatest number of names I will have to classify under the heading miscellaneous.

Richard Bright died of the consequences of extensive and long standing ossification of the aortic valves of the heart, the exit for the blood being reduced to a mere chink.

Marie-François-Xavier Bichat had several attacks of hæmoptysis and finally, after a hot July day spent among decomposing bodies in an atmosphere so foul that it had driven all his associates from the laboratory, had an attack of syncope, a fall, followed shortly by an "ataxic fever," which proved fatal.

Corvisart wrote to Napoleon, then first Consul, "Bichat has just died at the age of thirty. He has fallen upon a field of battle which also calls for courage and which counts many a victim; he has broadened the science of medicine; no one at his age has done so many things and done them so well."

Aureole Philippus Paracelsus Theophrastus Bombast de Hohenheim was born in 1493 in Switzerland. At the age of three he is said to have been mutilated and made an eunuch by a sow. Accordingly, we always find him a bitter enemy of women; though his picture as taken from life represents him with a beard. He led a dissolute life and near the close of it was always inebriated and never changed his clothes so much as going to bed. In 1541 he was taken ill at a public inn at Saltsbourg. He died after a few days' sickness, in the forty-seventh year of his age.

Oliver Goldsmith, who studied medicine at Edinburgh, died at forty-five. He was a man of somewhat irregular habits and was attacked with dysuria, probably amounting to strangury. His death was attributed to "James' powders" which he would take contrary to the advice of his physician. But, as he died of "strong convulsions," it is likely death was caused by uremia. "James' powders" were a secret remedy.

John Keats, the "apothecary poet," as Osler calls him in a sketch of his life, died of consumption. His mother had died of the same disease and he had also nursed his brother who had the same trouble. He was very melancholy and had none of the "spes phthisica" of many of these unfortunates.

John Fothergill had a scirrhus of the prostrate gland, which caused an obstruction of the bladder in which were found at the autopsy performed at his own request two quarts of water.

Jan Baptista Van Helmont, the celebrated Flemish physician and chemist, was born in 1578. In January, 1640, being the sixty-third year of his age, he was seized with a fever attended with a slight shivering, which made his teeth chatter, a picking pain about the sternum, a difficulty of respiration and a spitting first of bloody matter, then of pure blood. For the removal hereof, he took shavings of the penis of a stag, upon which the pain grew less; then he took a dram of goat's blood and the spitting stopped for four days, leaving only a slight cough with a moderate expectoration, but the fever still remained and was followed by a pain in the spleen, for which he took wine boiled with crab's-eyes; whereupon all the symptoms disappeared. In the year 1643 he was seized with a syncope occasioned by the smoke of charcoal which he cured with sulphur of vitriol. On the eighteenth of November, 1644, he fell into asthma attended with two fits of a pleurisy and after languishing seven weeks, died of a slight fever and extreme weakness, the thirtieth of December. John Lobkowiz says, "Helmont, for I knew the man, was pious, learned, famous; a sworn enemy to Galen and Aristotle. The sick never languished long under his care, being always killed or cured in two or three days."

"As to the story that is told of Galen hearing in his old age of miracles wrought in Judea by one of the name of Jesus and resolving to take a journey thither to see him, but dying on the road or upon the borders of the country, after lying ill ten days of a fever, it is all a monkish fable."—("Biographia Medica." Hutchinson. 1799.)

George Cheyne, born in Scotland in 1671, went to London at the age of thirty where he began to lead a rather riotous life, eating and drinking to excess until he weighed more than thirty-two stone and was very short-breathed, lethargic and listless. He dieted then on milk and vegetables and his size was reduced to almost a third. He recovered his strength and lived to the

age of seventy-two. He wrote, among other works, "An Essay on Health and Long Life."

Peter Joseph Desault, surgeon-in-chief of the Hôtel Dieu, Paris, died at Paris on the fourth of June, 1795, in the forty-sixth year of his age, not without suspicion of having been poisoned during his attendance on the late Louis XVII; and it is worthy of observation that Chopart who succeeded Desault in his attendance on the Dauphin, and likewise Doublet who also visited him, both followed him to the grave within four days, according to "The Gentleman's Magazine" for the year 1795, page 878.

Claude Bernard, in 1877, while busy in his laboratory had a chill and left it to return no more, dying within a few weeks of an acute affection of the kidneys.

Sir Theodore Mayerne, the friend of Rubens and Vandyke whom he assisted in the chemical compositions of their colors, became ill from drinking some bad wine that to a person of his advanced age, being then in his eighty-third year, operated as a deadly poison. He foretold to his friends with whom he was drinking the time of his death and it happened according to his prediction.

Jeremy Bentham left his body for dissection which was performed before a large audience. The skeleton of Bentham dressed in the clothes which he usually wore and with a wax face, enclosed in a mahogany case with folding doors, was preserved in the Anatomical Museum of University College Hospital, London.

David Ramsay was shot in the street by a maniac and died two days later. On his death-bed he evinced not the slightest resentment towards the unhappy man by whose hand he fell. He said, "I know not if these wounds be mortal. I am not afraid to die, but should that be my fate, I call on all present to bear witness that I consider the unfortunate perpetrator of this deed a lunatic and free from guilt."

John Syng Dorsey, on the second of November, 1818, delivered before his class in the presence of his colleagues and the trustees of the University of Pennsylvania his first introductory lecture as Professor of Anatomy. That same evening he was taken ill with typhus fever and died in eleven days before he had attained his thirty-fifth year.

Philip Syng Physick had two attacks of yellow fever; in the second he was bled one hundred and seventy-six ounces by Rush. His final illness was accompanied by hydrothorax and later anasarca. "To such an extent did the latter prevail that the

integuments at length gave way, openings were formed and these finally ulcerated and became gangrenous."

Benjamin Rush was never robust. In early life he had slight hemorrhages from the lungs. He had a hereditary predisposition to consumption. An epidemic of typhus pneumonides gave him more work and, as he had been debilitated by cough and low diet, he became an easy prey to the prevailing fever.

Of *William E. Horner,* Dr. Jackson relates how during a visit he paid with Dr. H. H. Smith to Horner while he was very sick and in pain, he demonstrated with his finger the different regions of the trunk, enumerating the organs they contained and the state of each. This was done with the intense and earnest manner of a demonstration to his class. Jackson said, "Look, here is the anatomist dissecting his own body, making a post-mortem before he is dead?" This amused Horner, who said, "Well, I have not had so good a laugh for a long time." This occurred on the third day before his death. The post-mortem revealed the correctness of his opinion of his own disease, his heart and blood vessels being much diseased; though the immediate cause was a perforation of the bowels.

Descartes, the eminent philosopher, while passing over the bridge of Stockholm was seized with a severe fit of cold on which he reasoned in the following manner: "Cold," said he, "condenses fluid and all other bodies; heat, on the contrary, rarifies them, consequently, brandy must be a specific in this case. Let us drink some then." He drank largely and died.

Sir Samuel Garth, author of the poem called "The Dispensary" and member of the Kit-Cat Club, lived an epicure and died a latitudinarian. He said, when told that he was expiring, "I am glad of it, being weary of having my shoes pulled on and off."

There have been but few duels between physicians, but from the accounts of the following, they would seem to be very sanguinary affairs.

In August, 1830, a meeting took place near Philadelphia bebetween Dr. Smith and Dr. Jeffries. First exchange at eight paces, no one hurt; second, Smith's right arm was broken; third, Jeffries was hit in the right thigh; fourth, at six feet, fatal to both, Smith immediately, and Jeffries a few hours later, remarking when he heard that his adversary had been killed, "Then I die contented."

I have in my possession a rare little book, the title page and

preface of which I have thought worth quoting here in full. They tell of an equally disastrous affair.

ESSAYS
on the
BILIOUS FEVER:
containing
The Different Opinions of Those
EMINENT PHYSICIANS
JOHN WILLIAMS
AND
PARKER BENNET,
OF
JAMAICA
Which was the CAUSE of a DUEL, and terminated in the DEATH of BOTH.
Raro Concordia Fratrum.
JAMAICA, Printed:
LONDON, Re-printed:
For T. Waller, opposite Fetter-Lane, in Fleet-Street, MDCCLII.
(Price Two Shillings.)

TO THE PUBLIC

An authentic account of the death of the unfortunate doctor *Williams* and doctor *Bennet* of Kingston in Jamaica, on the 29th of December, 1750, caused by the following Papers.

After a great deal of ill language they proceeded to blows, which caused challenges and acceptance, and the morning after doctor *Bennet* went armed with his sword and a brace of pistols to doctor *Williams's* door very early, and knocked him up; *Williams* saw from his window who it was, and what he had to expect; upon which he loaded his pistols with Goose, or Swan shot; and slinging his drawn sword by a rib-band upon his wrist, came down, and opening the door, just sufficient to admit his hand with a pistol, poured a shot full into poor *Bennet's* breast, who had delivered his own arms to his boy, whilst he called *Williams* out; which when he had done, he continued to pursue *Bennet* reeling to his boy, and wounded him with the other pistol in his knee. *Bennet* by this time had gained his sword only, which was fastened so strongly in the scabbard, that with all his endeavors he could not draw it. When *Williams* had fired his second pistol, *Bennet* turned upon him, thanked God he had power to be revenged, and whilst he endeavored to release his imprisoned weapon, begged of God to invigorate him a few moments; but *Williams* then gave him a mortal thrust under his right arm, which pierced the lungs on both sides; having done this he was turning to run for it, but that moment *Bennet* drew his sword, and made a pass at *Williams,* which entering under the right clavicle or collar bone, pierced the internal jugular vein, and finished its course in the shoulder blade, breaking off at the place of entrance; however, *Williams* run about ten or fifteen yards and then fell, suffocated with his blood, and never spoke more. The unfortunate *Bennet* survived him about four hours, and then expired, in the most agonizing pains imaginable.

Epitaph of *Dr. Young*, Professor of Midwifery at Edinburgh.

Here lies
A most extraordinary man.
He saved the lives of Thousands,
Though he was a physician;
And took the greatest liberties with the chaste
Matrons without offending themselves;
or
What is more surprising,
Their husbands.
Mothers and Daughters wept his death;
The former from gratitude,
The latter from expectation.
He died, alas! of an apoplexy.
Cupid
You gave him no assistance;
And by the omission proved yourselve
A God, as ungrateful as blind.
For this great man's life was spent in preventing
Love's labour from being lost.

—From "Professional Anecdotes," Vol. 3.

Sir James Paget's lecture on Dissection Poisons was especially called forth by an illness from which he suffered for three months in 1871, caught from attending the post-mortem of a patient who died of pyaemia. Yet he had no wound or crack of the skin of any kind. Paget writes, "Sir William Lawrence used to say that he had not known any one to recover on whose case more than seven had consulted. Our art has improved. I had the happiness of being attended by ten."

Robert James Graves who suggested for his own epitaph, "He fed fevers," died of disease of the liver.

Of *Swammerdam* who first saw the circulation of the blood in a frog it is said, "by the mucous matter being hardened, his lungs were turned into a quarry and he spit up small stones a long time before his death."

Alexander Monroe (*Primus*), had his constitution considerably weakened in early life owing to his being too frequently bled. He was liable to attacks of chest affections throughout life, but finally died of a painful ulcer of the rectum and bladder.

Alexander Monroe (*Secundus*), died of apoplexy.

Boerhaave at twelve had a stubborn, painful and malignant ulcer on his thigh which physicians could not cure. He began to practice on himself after five years and cured the ulcer by fomenting the part well with salt and urine.

Thomas Addison was slightly deaf in one ear and correspondingly acute in the other. He died of brain disease.

Richard Mead of whom it is said that with the exception of Boerhaave no other man in our profession gained during his life so general a reputation and was such a universal celebrity, died quietly after a few days of painless illness.

As we are discussing deaths the following epitaph of one of Meads' patients which he relates is worthy of notice. Her monument, he says, is still in Bunnhill Fields and on it is inscribed by the patient's own request the following:

"Here lies Dame Mary Page.
Relict of Sir Gregory Page, Bart.
She departed this life, March 2, 1728.
In 67 months she was tapped 66 times.
Had taken away 240 gallons of water,
Without ever repining at her case,
Or ever fearing the operation."

In closing let me quote what Shakespeare has said of one of his characters and what we can say of most of our profession.

"Nothing in his life
Became him like the leaving it, he died
As one that had been studied in his death
To throw away the dearest thing he owed,
As 'twere a careless trifle."

—Macbeth.

MEDICAL HISTORY REPOSITORIES: A SUGGESTION.*

By William Browning, Ph. B., M. D.,

Brooklyn-New York.

IN the preparation of many historical works and papers it naturally occurs that a variety of material bearing thereon remains unused when the task is completed. Future events and other purposes are full likely to put a value on what at the time may seem ephemeral and incondite.

The things that thus, at one time or another, accumulate in the historian's or biographer's wide drag, constitute a motely assortment. And even the residue, after the subject has been threshed out, may be only a trifle less diversified. As examples of the mass of possibilities we may cite:—previous works of a similar range, excerpts, articles and copies of articles, letters or other communications, newspaper clippings, discussions and statements, pictures of persons, objects or related events and illustrations of all sorts, autographs, details of subordinate points, traditional accounts, impressions of the oldest inhabitants, where rare original sources may be consulted, occasional genealogical facts, manuscripts, etc., etc. And sometimes, as in the field of diplomacy, public or private matters are met with which at the time it may not be opportune to disclose.

Presently some one else approaches the same subject. If now the first collected material were still somewhere accessible it would facilitate the second writer's output and raise what might be indifferent work to a worthy plane—and, withal, spare weary seekers many an extra swallow of exotic dust. Access to this collected material would also go far towards preventing those questions of source, authority, and correctness, which cause so much subsequent labor and retardation—not to mention ruffled feelings.

While something of the same reasoning might be thought to hold for any good scientific work, yet in most cases the field of research marches on and there is less occasion to revert; and for that matter, much of it is done in laboratories or places where useful material will be preserved. In the case of medical history, however, the newer structure always reaches back, the earlier

* Read by title before the Association of Medical Librarians, at its Tenth Annual Meeting, held at Atlantic City, N. J., June 3, 1907.

becomes a continuous part of the whole, and little can safely be elided. As things go at present, the unused fragments disappear, control is lost, and we turn back to find nothing, or at best must retraverse the search.

It is not meant to imply by this proposition that each scrap from every article is necessarily worth preserving. The individual writer himself and the historic sense of the prospective custodian, together should suffice to suppress what is useless—more than likely to reject too much.

It is in the domain of biography that the value of the scheme is most patent, but it might prove hardly less useful in the field of other historical labor, particularly that of original investigation and first-hand summary. Even in non-medical departments this idea is sometimes followed, as in the acquisition by the University of California of the material collected by H. H. Bancroft in preparing his history of the Pacific states. Casually something of the kind happens in medical libraries, but only in a small way with little notice taken of it.

A common plan for accomplishing this will be advantageous. To meet the long unfelt want, some arrangement for the preservation of the material in available collections is in order. Much of the usefulness of such repositories will depend on their adaptation to the purpose, hence some of the more desirable qualifications will be briefly discussed.

1. One condition is paramount, *i. e.*, that eligibility to custodianship of medico-historical material shall be limited not only to libraries but more closely to medical libraries. It must be evident to everyone that the latter alone are suited to the purpose. Moreover, there is no probability otherwise, if even indeed a possibility, that the material deposited will be long preserved.

2. The second and hardly less essential qualification is that the custody shall be in a public collection, free and open to all. This kind of utility does not prosper under a hermit regime, and for a double reason—not only will the least handicap restrain their use, but authors will not deposit even their odds and ends in any institution the use of whose resources is closely restricted.

3. Too great centralization is undesirable. It would be unfortunate to foster the accummulation of this material exclusively or predominantly in the large centers.

On the one hand it seems inevitable, as well as advisable, that general medical libraries be largely centralized, *i. e.*, that large and comprehensive collections of medical literature be built up at

central or convenient points, and thus each made and continued as complete as possible—likely, in time, in each case, a number of smaller or secondary libraries in the province and under the aid of the central one. On the other hand, for historical material, any great accumulation at a few points would lead some day to the throwing out of much of it. Many an institution will energetically deny such a possibility, but observation shows that it is bound to occur. Anything regarding a man or move in say Texas would, fifty years hence, be discarded in New York, and vice versa, if lack of space began to demand condensation, while, if kept in its own state or region, much material would still be gladly preserved.

4. Proximity to the person or subject described; or, if not, then to the home of the author. For this there are various reasons: more likelihood of the material being placed in the depository; also, as above mentioned, more likelihood of its being preserved; and, of most account, ease of discovery if again sought by anyone.

5. A fire-proof structure for its housing. The number of these modern buildings devoted wholly or in part to the care of medical works is as yet, unfortunately, not large. Such will, however, become more common—and it is the future as well as the present that we have here in mind.

6. The depository should belong to some understood system, such as a County or State Society or other representative library. Then it always may be reached in a known manner.

7. While a state library may be satisfactory, it is evident that wherever County Medical Society or other local medical libraries exist, they will fill the bill better. These will be better aware of the material in their district, will be less liable to become clogged up, and will be more appreciative of local items, persons, or honors. They will also be given an added and distinguishing feature. The main trouble is that, so far, the number of such possible repositories is sadly insignificant.

It is to be hoped that in time the lead of the Surgeon-General's Library in lending works to recognized libraries under guarantee of each will become more or less a general custom. Why cannot all the organizations represented in the Association of Medical Librarians agree upon such a plan for mutual lending, the general treasury of the Association being pledged to reimburse any loser? To the true librarian such thought needs no explanation; it resolves itself into a question of approval or not.

8. At the publication of the article or volume, a note should be appended stating the place where the residuary material is to be garnered. If, in addition, the few historical journals of the world then gave in each issue a list of all the new deposits, the innovation would rapidly become common good. For the said journals it would not be a long stride to a series of lists of existing valuable originals for medicine, and where they are to be found; or for especially equipped libraries to issue reference lists of their holdings. But of course this latter is a side thought.

Sometimes there may develop on a given subject more than one depository of importance. Take the case of Dr. Joseph Jones, of New Orleans; naturally one would turn to Louisiana for data, but as his entire library was transferred to Brooklyn it is certain that much regarding him would have to be sought where that collection now rests. Such multiple foci can, however, for the most part, be avoided; or, if not, then the more reason to have all listed.

A more real trouble will be a certain inertia, due partly to the diffidence and modesty of many engaged in this scholarly line. However, some will not be bothered by such considerations; and others will gladly comply if it becomes an approved custom and its value is realized. No one deems it amiss to deposit copies of his writings in a library, and in principle still less to any added publicity for the same. To balance up for conservatism, those desirous must seek the material in their reach and not await offers.

This principle should work reflexly to advantage, inducing greater care in the gathering of material and in its systematic arrangement.

It may be possible to expand and elaborate the idea more fully, but the advisability of a standard scheme of this sort should appeal to all interested in historical or library work. It should contribute to the codification of methods if not of knowledge directly.

One purpose of this paper, as may be inferred, is to urge the more careful preservation of everything on the historic side. When space in a library becomes cramped and so-called "weeding out" begins, this department is certain to suffer. On the advice and urgency of the librarian must it largely depend whether it is spared or not. The great bulk of journals and current issues can be duplicated; but this material, not easily if at all.

Perhaps the greatest loss the intellectual world has ever sustained, as a result of man's own pernicious activity, has been that of historic material (*e. g.* Egypt and Mexico). Although a long remove in time and dimensions, we see these experiences repeated in a minor way when the historian casts the remnants of his hard-gained material into the waste-basket, or the special library either neglects this sphere or sacrifices what is relatively or absolutely irreplacable.

TRANSACTIONS OF THE ST. LOUIS MEDICAL HISTORY CLUB.

STATED MEETING, OCTOBER 24TH, 1907.

The St. Louis Medical History Club met at the Medical Library Building on Thursday Evening, October 24th, 1907. Dr. George M. Tuttle was elected temporary chairman, the meeting being called to order at 8:30 p. m. The following members were present: Drs. Allison, Baumgarten, J. M. Ball, Boisliniere, Grindon, Hardaway, Homan, Stevens, A. E. Taussig, Terry, and Wall, with Dr. Farrar as guest. The minutes of the previous meeting were read and approved.

Nominations for Membership

Dr. J. J. Houwink, proposed by Drs. Joseph Grindon and John M. Duncan.

Dr. Walter Baumgarten, proposed by Drs. Tuttle and Hardaway.

The secretary presented the framed letters from Dr. Pagel and Dr. Osler; also the portrait of Dr. Reyburn.

The secretary read a letter from Dr. William Engelbach, Chairman of the Executive Committee of the St. Louis Medical Society of Missouri, in which it was proposed that the Medical History Club take an evening before the St. Louis Medical Society, and have papers read on medical and historical subjects. Dr. Grindon moved that this matter be left to the Secretary, and the motion was seconded and carried.

Five Minute Talks.

Dr. Whelpley gave a description of a pre-Columbian surgical instrument from Peru, which he saw in the Natural History Museum in New York City. This consisted of a stick about the

size of a lead pencil, with a flint point fastened at its end, supposed to be used as a scarifier or lancet.

Dr. Hardaway exhibited some old account books of Dr. Farrar, of St. Louis, running from the years 1809 to 1834. These books are the property of Dr. John O'Fallon Farrar, who was present as the guest of the Club, and they proved very interesting. Dr. Stevens moved that Dr. Farrar be thanked, and this motion was seconded and carried.

Dr. Ball presented a book entitled "Valuable Vegetable Medical Prescriptions for the Cure of all Nervous and Putrid Diseases," by Dr. Richard Carter, of Frankfort, Ky., 1813.

Program.

Dr. Grindon read an interesting paper on "The Renaissance of Medicine," giving a general view of the work done by the great anatomists preceding and during the time of Harvey.

Adjourned.

NATHANIEL ALLISON, *Secretary*

STATED MEETING, NOVEMBER 27TH, 1907.

The St. Louis Medical History Club met at the Medical Library Building, Wednesday Evening, November 27th, 1907.

Dr. Grindon was elected temporary chairman, and the meeting was called to order at 8:30 p. m. The following members were present: Drs. Lutz, Warfield, F. J. Taussig, Clopton, Stevens, Wall, Homan, Boisliniere, Dorsett, Ball, and Grindon.

Elected to Membership.

Drs. Walter Baumgarten and J. J. Houwink were elected to active membership.

Nominations for Membership

Dr. Jacob Friedman, proposed by Drs. Boisliniere and Grindon.

Dr. R. M. Funkhouser, proposed by Drs. Ball and Homan.

Five Minute Talks.

Dr. Lutz exhibited a midwife's diploma dated the 30th of December, 1861, written in German and signed by Drs. F. C. Baumgarten, G. Fisher, and Frederick M. Hauck. This diploma is the property of a German midwife who has practised her art

in St. Louis since the above date and has conducted upwards of two thousand parturitions. Among this number, she has encountered placenta praevia but three times. Though poorly informed on the science of her art, her practical experience has made her an expert obstetrician.

Dr. Dorsett read a personal letter from Sir Thomas Keith, dated 1891 and answering an inquiry made by Dr. Dorsett relative to the percentage of insanity following the operation of hysterectomy. Sir Thomas Keith stated that ten per cent. of his own cases developed psychosis, but disclaimed the statement that ten per cent. of all cases were followed by insanity. Dr. Dorsett presented this letter to the Club and a motion of thanks was made and carried.

Program.

Dr. Wall read an interesting paper on "Pharmacology" based on a book written by Dale.

Dr. F. J. Taussig read an exhaustive paper on the "History of Mole Pregnancy" (see page 250) and exhibited a number of original works on this subject.

After the regular program, the Secretary called the attention of the Club to the necessity of having a program for the meeting to be held on the evening designated by the St. Louis Medical Society. After discussion, the following program was informally adopted:

"The History of Animal Experimentation." By Dr. Grindon.
"The Devolopment of the Drug Store." By Dr. Wall.
"The Evolution of the Microscope." By Dr. Whelpley.
"Ancient Medical Schools." By. Dr. J. M. Ball.

Adjourned at 11:00 p. m.

NATHANIEL ALLISON, *Secretary.*

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Vol. 5 December, 1907 No. 4

EDITORIAL.

CONCERNING THE *JOURNAL.*

THIS number completes our fifth volume. At the inception of the JOURNAL, five years ago, many friends expressed their fears that the magazine, limited in its scope and excluding all but a very limited number of advertisements of a carefully restricted character, would not be well enough supported by the medical profession in America to make its continued publication possible without incurring a large annual financial deficit. The contrary has been proven, however, and having passed through the vicissitudes which beset the infancy of most periodical publications the JOURNAL is now well established. We have endeavored to maintain a high standard, striving first for quality rather than quantity. The Editor desires to express his appreciation to all the contributors whose excellent articles have attracted to the JOURNAL its present list of subscribers and whatever esteem in which it may be held.

During the first five years of the JOURNAL's life over 1,650 pages of reading matter have been published, including over 120 original contributions. Creditable though this record may be considered, it is our hope that the next five years will show a great gain over those just passed. The JOURNAL starts on its sixth year with an abundance of material in the way of articles of the highest quality, with a larger subscription list than ever before, and with the financial deficit incurred during the first two years greatly diminished.

Vexatious delays have attended the publication of the JOURNAL during the last two years, due in large measure to the multifarious duties of the Editor. The causes for these delays have gradually been overcome. The following number of the JOURNAL is now in press and will be issued in about two weeks, after which date the JOURNAL will be issued on scheduled dates of publication.

The Editor desires again to express his appreciation and renew his thanks to all those who have contributed to the making of the JOURNAL a success.

NOTES AND NEWS.

Nearly $50,000 has been raised for the new library building of the Medical and Chirurgical Faculty of the State of Maryland, Baltimore. This amount includes the Osler Testimonial Fund of about $20,000; the Aaron Friedenwald Fund of $1,250; estimated value of present realty holdings, $12,000; and pledges for the balance.

The medical profession of Jefferson County, Kentucky, have opened a medical library in the Atherton Building, Louisville, Ky. Dr. August Schachner, chairman of the library committee, has made a systematic canvass of the medical organizations of Louisville for the purpose of raising the necessary funds. The library of the late Dr. David W. Yandell forms the nucleus of the new Jefferson County Medical Library.

The report of the Frick Library of the Medical and Chirurgical Faculty of Maryland for the year 1907 shows that

there are 3,137 volumes in the Charles Frick collection, 127 of which were added during the year and represent the latest works on internal and general medicine in French, German and English. Included among these were seven books presented by Dr. H. B. Jacobs and twelve by Dr. W. Osler. The others were by purchase from the Frick Fund. Subscriptions for 1907 were $200 from Mrs. H. B. Jacobs, $200 from Mr. J. Swan Frick, $100 from Dr. William Osler, and $50 from Mr. Frank Frick.

Beginning with January, 1908, the *American Journal of Urology* will be edited by Dr. William J. Robinson, Editor of the *Critic and Guide, Therapeutic Medicine*, etc. The journal will be enlarged in scope so as to include venereal and skin diseases and there will be an abstract department which will review the genito-urinary and dermatologic literature in every civilized language. The subscription price has been reduced to $2.00, and the publication and editorial offices have been removed to 12 Mt. Morris Park, West, New York City.

The *Fort Wayne Medical Journal-Magazine* suspended publication with its number for December, 1907 (Vol. 28, No. 12).

NEW JOURNALS.

Dermatologischer Jahresbericht. Unter Mitwirkung von Fachaenossen und in Verbindung mit W. Tamms, hrsg. von O. Lassar. L. Jahrg., 1905. Wiesbaden, J. F. Bergmann, 1907. Mks. 18.

Folia neuro-biologica. Internationales Zentralorgan für die gesamte Biologie des Nervensystems. Hrsg. von E. Hekma. Vol. 1, No. 1, Nov., 1907. Leipzig, W. Klinkhardt. Per vol., Mks. 25.

Proceedings of the Royal Society of Medicine. Vol. 1, No. 1, Nov., 1907. Published monthly from November to July, inclusive. N. Y. and Lond., Longmans, Green & Co. Price per number, $2.00.

Quarterly (The) Journal of Medicine. Edited by Wm. Osler, *et al.* Vol. 1, No. 1, Oct., 1907. Oxford, Clarendon Press: New York, Henry Frowde. Yearly, 25s.

GENERAL INDEX—VOLUME V, 1907.

Adami, J. G., 1, 133, 137, 139.
Akenside, Mark, 196.
Allison, N., 293.
American Journal of Urology, 296.
Amyat, Dr., 77.
Animal experimentation, History of, 293.
Antiseptic surgery, History of, 145.
Arbuthnot, John, 81.
Aristides, Aelius, 18.
Armstrong, John, 201.
Arnold, Thomas, 70.
Ash, John, 81.
Association of Medical Librarians, 37, 111, 123.
  Constitution and by-laws, 54.
  List of members, 56.
  Report of committee on best books, 131.
  Report of Exchange, 40, 127.
  Report of Executive Committee, 40, 127.
  Report of Secretary, 37, 124.
  Report of Treasurer, 39, 127.
  Ways and means of bringing members in touch, 137.
Atwood, LeG., 140.
Baker, Sir George, 82.
Ball, J. M., 140, 292, 293.
Barlow, W. J., 61.
Barlow Medical Library, 61, 63.
Barret, Mr., 264.
Barrowby, William, 82.
Barry, Sir Edward, 264.
Bathurst, Richard, 69.
Belcher, Mr., 264.
Bibliographies, Medical, 138.
Boerhaave, Herman, 261.
Brigham, E. H., 51.
Brocklesby, Richard, 82.
Browne, Sir Thomas, 265.
Browning, E. G., 219.
Browning, W., 133, 136, 287.
Brownne, J. S., 49.
Brundage, W. M., 87.
Bunnell, A., 133.
Burrage, W. L., 38.
Butter, William, 194.
Cameron, Archibald, 206.
Carter, Richard, 292.
Chadwick, James Read, 37, 48, 49, 143.
Charlton, M. R., 131, 137.
Cheyne, George, 194.
Clark, F. C., 145.
College of Physicians of Philadelphia, Library of, 103, 223.
Co-operation among medical libraries, 52.
Cordell, E. F., 49.
Cruikshank, William, 70.
Cullen, William, 202.
Dale's "Pharmacology," 293.
Dawson, P. M., 24.
Dick, Sir Alexander, 263.
Diploma, Midwife's, 292.
Diseases of great physicians, 273.
Dock, G., 49, 50, 123, 131, 133, 134, 136, 137, 138, 139.
Doctors of Samuel Johnson, 65, 134, 194, 260.
Dorsett, W. B., 293.
Drug store, Development of, 293.
Eagleson, J. B., 132, 135, 136.
Editorial, 61, 141, 221, 294.
Egdahl, A., 185.
Farlow, J. W., 49, 52, 53, 133.
Farrar, Dr., 292.
Fisher, C. P., 34, 39, 49, 50, 52, 53, 109, 132, 133, 134, 135, 137, 138, 139.
Ford, Joseph Nathanael, 265.
Fordyce, George, 265.
Fort Wayne Medical Journal-Magazine, 296.
Frick collection, Charles, 222, 295.
Gaddesden, John of, 50.
Gaubius, Dr., 264.
Gillespie, Dr., 264.
Gilmore, L. B., 218.
Gisborne, Thomas, 264.
Goldsmith, Oliver, 66.
Government documents, Care of, 52.
Green, S., 217, 219.
Grindon, J., 140, 292, 293.
Growth of medical library, Restricted, 34, 50.
Hardaway, W. A., 292.
Heberden, William, 76.
Heister, Laurence, 140.
Hersey, G. D., 39, 49, 127, 133, 137.
Hill, John, 271.
History of animal experimentation, 293.
—— of antiseptic surgery, 145.
—— of mole pregnancy, 250, 293.
—— of St. Louis, Early medical, 140.
—— repositories, Medical, 136, 287.
Holden, W. A., 18.
Hope, Dr., 264.
Horst, Jacob, 50.
How much is the library appreciated, 109, 134.
Hunt, J. H., 173.
Hunter, John, 74.
Hunter, William, 72.
Huntington, A. T., 38, 47, 49, 51, 52, 53, 111, 126, 130, 132, 134, 135, 136, 138.
Hysterectomy, Insanity following, 293.
Index Medicus, 137.

Insanity following hysterectomy, 293.
Instrument, Pre-Columbian surgical, 291.
Interstate Medical Journal, 223.
Inyon, Dr., 264.
Jacobi, A., 37, 49, 50, 52, 53.
Jacobson, A. C., 225.
James, Robert, 197.
Janvrin, C. E., 53.
Jefferson County Medical Library, 295.
Jodrell, Sir Paul, 77.
John Crerar Library, 223.
Johnson, Samuel, Doctors of, 65, 134, 194, 260.
Keith, Thomas, 293.
Lawrence, Thomas, 86.
Lettsom, John Coakley, 199.
Libraries, Medical, Co-operation among, 52.
——, Medical, In America, Early, 96, 134.
——, Public, Medical departments in, 210, 221.
Library, Barlow Medical, 61, 63.
—— of College of Physicians of Philadelphia, 103, 223.
—— of David W. Yandell, 295.
—— of Medical and Chirurgical Faculty of Maryland, 222, 295.
—— of Pennsylvania Hospital, 96.
——, How much is, Appreciated, 109, 134.
——, Jefferson County Medical, 295.
——, John Crerar, 223.
——, Medical, Should size of, Be restricted, 34, 50.
Linnæus, Charles, 173.
Linnæus' "Genera Morborum," 185.
Loomis, M. M., 133, 135.
Lutz, F. J., 49, 140, 292.
Magendie, François, 24.
Manning, John, 204.
Manningham, Sir Richard, 201.
Mead, Richard, 207.
Medical and Chirurgical Faculty of Maryland, Library of, 222, 295.
—— departments in public libraries, 210, 221.
—— history repositories, 136, 287.
—— Library and Historical Journal, 294.
—— schools, Ancient, 293.
Menis, Dr., 200.
Metlinger, Bartholomew, 50.
Microscope, Evolution of, 293.
Midwife's diploma, 292.
Mole pregnancy, History of, 250, 293.
Monro, Alexander, *Primus*, 84.
——, *Secundus*, 84.
——, *Tertius*, 85.
Mudge, Dr., 77.
Musser, J. H., 49, 133.
Myers, G. W., 51, 52, 137, 138.
New Journals, 63, 144, 224, 296.
Nicholls, Frank, 86.
North, Elisha, 134.
Notes and news, 63, 143, 222, 295.
Noyes, M. C., 52, 135, 139.
Oldfield, John, 264.
Osler, William, 49.
Packard, F. R., 96, 134.
Pasteur, A study and appreciation of, 87.
Pennsylvania Hospital, Library of, 96.
Pepper, W., 273.
Physicians, Diseases of, 273.
Potash, Jonathan, 140.
Pott, Percival, 82.
Pregnancy, Mole, History of, 250, 293.
Priestley, Joseph, 204.
Proceedings of the Royal Society of Medicine, 223.
Public libraries, Medical departments in, 210, 221.
"Pyretologia" of Robert Talbor, 134.
Radcliffe, John, 78.
Ranck, S. H., 210.
Renaissance of medicine, 292.
Research, Bibliographical, 138.
Robinson, W. J., 296.
"Rosa Anglica" of John of Gaddesden, 50.
Royal Society of Medicine, 223.
Rutty, John, 69.
St. Louis Courier of Medicine, 223.
——, Early medical history of, 140.
—— Medical History Club, Transactions of, 140, 291.
Schachner, A., 295.
Schools, Medical, Ancient, 293.
Sibbald, Sir Robert, 78.
Size of medical library, Restricted, 34, 50.
Sommer, G. N. J., 133.
Steiner, B. C., 219.
——, W. R., 39, 134.
Surgery, Antiseptic, History of, 145.
Surgical instrument, Pre-Columbian, 291.
Swinfern, Dr., 265.
Sydenham, Thomas, 260.
Talbor, Robert, 134.
Taussig, 250, 293.
Taylor, John, 271.
Taylor, L. H., 133, 138.
Thompson, Dr., 270.
Titles for medical papers, Selection of, 141.
Transactions of Association of Medical Librarians, 37, 123.
—— of St. Louis Medical History Club, 140, 291.
Trimlestown, Lord, 78.

Tuberculosis and the creative mind, 225.
Turton, John, 194.
Tuttle, G. M., 291.
Vander Veer, A., 49.
Wall, Martin, 78.
Wall, O. G., 140, 293.
Warbasse, J. P., 65, 134, 194, 260.
Ward, Joshua, 269.
Warren, Richard, 86.
Whelpley, H. G., 140, 291, 293.
White, Charles, 1.
Winfield, J. M., 49.
Yandell, David W., Library of, 295.

Illustrations.

PAGE
William Cruikshank 70
William Hunter 71
John Hunter 75
John Radcliffe 79
Richard Brocklesby 83
Alexander Monro, *Primus* 84
Alexander Monro, *Secundus* 85
Charles Linnæus 177
The Pursuit of the Ship Containing the Linnæan Collection 184
George Cheyne 195
Mark Akenside 196
Robert James 198
John Coakley Lettsom 199
William Cullen 203
Richard Mead 207
Frontispiece to Lamzweerde's "Naturalis Molarum Uteri Historia" .. 253
Lamzweerde's Case of Nutrition Mole of the Uterus 254
Illustrative of the Way in Which the Human Seed Bears the Impress of Its Parentage (Lamzweerde) 255
Showing the Various Kinds of Deformed Embryos to be Found in Mole Pregnancy (Lamzweerde) 256
Thomas Sydenham 260
Herman Boerhaave 262
Sir Thomas Browne 266
Consultation of Physicians 270

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EDITED BY

ALBERT TRACY HUNTINGTON

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VOLUME V

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TABLE OF CONTENTS—VOLUME V, 1907.

ORIGINAL ARTICLES.

ADAMI, J. GEORGE.—Charles White: Surgeon and Obstetrician..... 1
BROWNING, WILLIAM.—Medical History Repositories: A Suggestion. 287
BRUNDAGE, WILLIAM M.—Pasteur, A Study and Appreciation of his Career from a Layman's Standpoint..... 87
CLARK, FRANKLIN C.—A Brief History of Antiseptic Surgery..... 145
DAWSON, PERCY M.—A Biography of François Magendie (*Concluded*) 24
EGDAHL, ANFIN.—Linnæus' "Genera Morborum," and Some of His Other Medical Works 185
FISHER, CHARLES PERRY.—How Much is the Library Appreciated.... 109
Should the Size or Growth of a Medical Library be Restricted. 34
HOLDEN, WARD A.—Aelius Aristides, A Hypochondriac in the Time of the Antonines 18
HUNT, JOSEPH HILL.—Charles Linnæas, M.D. (*Illustrated*)..... 173
HUNTINGTON, ALBERT TRACY.—The Association of Medical Librarians; Past, Present, and Future..... 111
JACOBSON, ARTHUR C.—Tuberculosis and the Creative Mind..... 225
PACKARD, FRANCIS R.—Early Medical Libraries in America; Being an Account of the Origin and Growth of the Libraries of the Pennsylvania Hospital and of the College of Physicians of Philadelphia 96
PEPPER, WILLIAM.—Diseases of Great Physicians of the Past..... 273
RANCK, SAMUEL H.—Medical Departments in Public Libraries..... 210
TAUSSIG, FRED. J.—The History of Mole Pregnancy..... 250
WARBASSE, JAMES P.—Doctors of Samuel Johnson and His Court. (*Illustrated*) 65, 194, 260

SOCIETY TRANSACTIONS.

Association of Medical Librarians.....37, 123
St. Louis Medical History Club 140, 291

EDITORIAL.

The Barlow Medical Library, 61.—On the Selection of Titles for Medical Papers, 141.—Medical Departments in Public Libraries, 221.—Concerning the JOURNAL, 294.

OTHER DEPARTMENTS.

NEW JOURNALS 63, 144, 224, 296
NOTES and NEWS 63, 143, 222, 295

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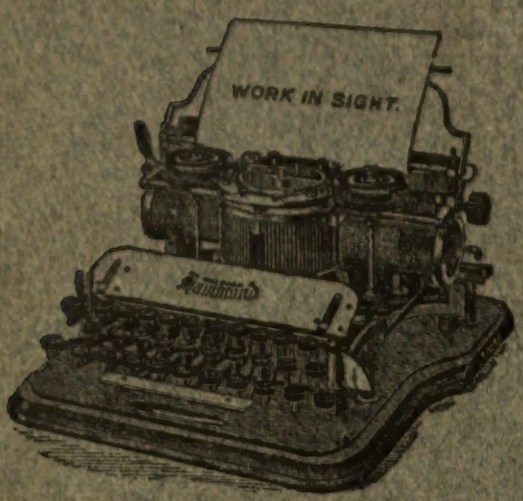

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